

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00154 Name of Facility: PEDRO MENENDEZ HIGH SCHOOL Address: 600 SR 206 W City, Zip: Saint Augustine 32086	
Type: School (more than 9 months) Owner: PEDRO MENENDEZ HIGH SCHOOL Person In Charge: PEDRO MENENDEZ HIGH SCHOOL Phone: (904) 547-3963 PIC Email:	

Inspection Information

Purpose: Routine Inspection Date: 5/11/2019 Correct By: Next Inspection Re-Inspection Date: None	Number of Risk Factors (Items 1-29): 1 Number of Repeat Violations (1-57 R): 0 Facility Grade: N/A Stop Sale: No	Begin Time: 10:52 AM End Time: 11:44 AM
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Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

<p>SUPERVISION</p> <p><input checked="" type="checkbox"/> 1. Demonstration of Knowledge/Training</p> <p><input checked="" type="checkbox"/> 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p><input checked="" type="checkbox"/> 3. Knowledge, responsibilities and reporting</p> <p><input checked="" type="checkbox"/> 4. Proper use of restriction and exclusion</p> <p><input checked="" type="checkbox"/> 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p><input checked="" type="checkbox"/> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><input checked="" type="checkbox"/> 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p><input checked="" type="checkbox"/> 8. Hands clean & properly washed</p> <p><input checked="" type="checkbox"/> 9. No bare hand contact with RTE food</p> <p><input checked="" type="checkbox"/> 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p><input checked="" type="checkbox"/> 11. Food obtained from approved source</p> <p><input checked="" type="checkbox"/> 12. Food received at proper temperature</p> <p><input checked="" type="checkbox"/> 13. Food in good condition, safe, & unadulterated</p> <p><input checked="" type="checkbox"/> 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p><input checked="" type="checkbox"/> 15. Food separated & protected; Single-use gloves</p>	<p><input checked="" type="checkbox"/> 16. Food-contact surfaces; cleaned & sanitized</p> <p><input checked="" type="checkbox"/> 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p><input checked="" type="checkbox"/> 18. Cooking time & temperatures</p> <p><input checked="" type="checkbox"/> 19. Reheating procedures for hot holding</p> <p><input checked="" type="checkbox"/> 20. Cooling time and temperature</p> <p><input checked="" type="checkbox"/> 21. Hot holding temperatures</p> <p><input checked="" type="checkbox"/> 22. Cold holding temperatures</p> <p><input checked="" type="checkbox"/> 23. Date marking and disposition</p> <p><input checked="" type="checkbox"/> 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p><input checked="" type="checkbox"/> 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p><input checked="" type="checkbox"/> 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p><input checked="" type="checkbox"/> 27. Food additives: approved & properly used</p> <p><input checked="" type="checkbox"/> 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p><input checked="" type="checkbox"/> 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Brittany A.

Client Signature:

Chad...

Form Number: DH 4023 03/18

55-48-00154 PEDRO MENENDEZ HIGH SCHOOL

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

<p>SAFE FOOD AND WATER</p> <p>NA 30. Pasteurized eggs used where required</p> <p>IN 31. Water & ice from approved source</p> <p>NA 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</p> <p>NO 33. Proper cooling methods; adequate equipment</p> <p>NO 34. Plant food properly cooked for hot holding</p> <p>NO 35. Approved thawing methods</p> <p>IN 36. Thermometers provided & accurate</p> <p>FOOD IDENTIFICATION</p> <p>IN 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p>IN 38. Insects, rodents, & animals not present</p> <p>IN 39. No Contamination (preparation, storage, display)</p> <p>IN 40. Personal cleanliness</p> <p>IN 41. Wiping cloths: properly used & stored</p> <p>NO 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p>IN 43. In-use utensils: properly stored</p> <p>IN 44. Equipment & linens: stored, dried, & handled</p> <p>IN 45. Single-use/single-service articles: stored & used</p>	<p>NO 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VEILING</p> <p>IN 47. Food & non-food contact surfaces</p> <p>IN 48. Ware washing: installed, maintained, & used; test strips</p> <p>IN 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p>IN 50. Hot & cold water available; adequate pressure</p> <p>IN 51. Plumbing installed; proper backflow devices</p> <p>IN 52. Sewage & waste water properly disposed</p> <p>IN 53. Toilet facilities: supplied, & cleaned</p> <p>OUT 54. Garbage & refuse disposal</p> <p>IN 55. Facilities installed, maintained, & clean</p> <p>OUT 56. Ventilation & lighting</p> <p>IN 57. Permit; Fees; Application; Plans</p>
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Violations Comments

<p>Violation #13. Food in good condition, safe, & unadulterated</p> <p>Observed dented cans. Must discard or replace.</p> <p>CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.</p>	
<p>Violation #54. Garbage & refuse disposal</p> <p>Observed trash outside of dumpster. Must keep area free of debris to prevent vector harborage.</p> <p>CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage areas shall be of a smooth, non-absorbent material and sloped to a drain.</p>	
<p>Violation #56. Ventilation & lighting</p> <p>Replace light bulb under hood.</p> <p>CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.</p>	

General Comments

<p>No General Comments Available</p> <p>Email Address(es): Charles.mccutcheon@stjohns.k12.fl.us</p>

<p>Inspection Conducted By: Brittany Moore (905211)</p> <p>Inspector Contact Number: Work: (904) 209-3250 ex. 1184</p> <p>Print Client Name:</p> <p>Date: 5/1/2019</p>
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Inspector Signature:

Brittany Moore

Client Signature:

Charles McCutcheon

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00029
 Name of Facility: GAMBLE ROGERS MIDDLE SCHOOL
 Address: 6250 US 1 S
 City, Zip: Saint Augustine 32086

 Type: School (9 months or less)
 Owner: GAMBLE ROGERS MIDDLE SCHOOL
 Person In Charge: GAMBLE ROGERS MIDDLE SCHOOL Phone: (904) 547-3963
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:50 AM
Inspection Date: 5/1/2019	Number of Repeat Violations (1-57 R): 0	End Time: 10:42 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- NO** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- NO** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NO** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment
- NO** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NA** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- OUT** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- NO** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

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Violations Comments

Violation #54. Garbage & refuse disposal
Dumpster lids were open at time of inspection and also observed debris around dumpster. Must keep lids closed and trash picked up to prevent vector harborage. CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

General Comments

No General Comments Available

Email Address(es): Lisa.Kilbride@stjohns.k12.fl.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 5/1/2019

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00013
 Name of Facility: HARTLEY ELEMENTARY SCHOOL
 Address: 260 RIVIERA Boulevard
 City, Zip: Saint Augustine 32086

Type: School (9 months or less)
 Owner: HARTLEY ELEMENTARY SCHOOL
 Person In Charge: HARTLEY ELEMENTARY SCHOOL Phone: (904) 547-3963
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 10:10 AM
Inspection Date: 5/6/2019	Number of Repeat Violations (1-57 R): 0	End Time: 10:47 AM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- OUT** 17. Proper disposal of unsafe food (**COS**)

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- NO** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- IN** 33. Proper cooling methods; adequate equipment
- NO** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NA** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

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Violations Comments

Violation #17. Proper disposal of unsafe food
Green beans which were in a can were opened on 04/29/2019 placed in refrigeration must be discarded within 7 days. Once can is open green beans become TCS which has to be disposed after 7 days.
CODE REFERENCE: 64E-11.003(2). Food previously served shall be discarded and not be re-served.

General Comments

No General Comments Available

Email Address(es): Michelle.M.Betrone@stjohns.k12.fl.us;

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 5/7/2019

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

Food Establishment Inspection Report

	Facility Type: <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Assisted Living <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Hospice <input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater <input type="checkbox"/> PPEC <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input checked="" type="checkbox"/> School <input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> Transitional Living Fac
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PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other _____ Grade: _____

Name of Establishment: Hartley Elementary School		RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date)		Stop Sale Issued _____
Address: 260 Riviera Blvd City: St. Augustine			Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____		
ZIP Code: 32086 Name of Person in Charge: _____		Number of Repeat Violations (1-57 R) _____			
Telephone: 904-278-3882 Person in Charge Email: _____					
Date (MM/DD/YY): 5/6/19	Begin Time (AM/PM): 10:10	End Time (AM/PM): 10:47	Permit Number: SS-48-00013	Position Number: 61580	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status: Mark an "X" under the compliance status; IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility. Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection

Compliance Status		COS	R		
IN	OUT			N/A	N/O
Supervision					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			1	Demonstration of Knowledge/Training
<input checked="" type="checkbox"/>	<input type="checkbox"/>			2	Certified Manager/Person in Charge present
Employee Health					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			3	Knowledge, responsibilities and reporting
<input checked="" type="checkbox"/>	<input type="checkbox"/>			4	Proper use of restriction and exclusion
<input checked="" type="checkbox"/>	<input type="checkbox"/>			5	Responding to vomiting & diarrheal events
Good Hygienic Practices					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			6	Proper eating, tasting, drinking, or tobacco use
<input checked="" type="checkbox"/>	<input type="checkbox"/>			7	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			8	Hands clean & properly washed
<input checked="" type="checkbox"/>	<input type="checkbox"/>			9	No bare hand contact with RTE food
<input checked="" type="checkbox"/>	<input type="checkbox"/>			10	Handwashing sinks, accessible & supplies
Approved Source					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			11	Food obtained from approved source
<input checked="" type="checkbox"/>	<input type="checkbox"/>			12	Food received at proper temperature
<input checked="" type="checkbox"/>	<input type="checkbox"/>			13	Food in good condition, safe, & unadulterated
<input checked="" type="checkbox"/>	<input type="checkbox"/>			14	Shellstock tags & parasite destruction

Compliance Status		COS	R		
IN	OUT			N/A	N/O
Protection from Contamination					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			15	Food separated & protected; single-use gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>			16	Food-contact surfaces; cleaned & sanitized
<input checked="" type="checkbox"/>	<input type="checkbox"/>			17	Proper disposal of unsafe food
Time/Temperature Control for Safety					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			18	Cooking time & temperatures
<input checked="" type="checkbox"/>	<input type="checkbox"/>			19	Reheating procedures for hot holding
<input checked="" type="checkbox"/>	<input type="checkbox"/>			20	Cooling time and temperature
<input checked="" type="checkbox"/>	<input type="checkbox"/>			21	Hot holding temperatures
<input checked="" type="checkbox"/>	<input type="checkbox"/>			22	Cold holding temperatures
<input checked="" type="checkbox"/>	<input type="checkbox"/>			23	Date marking and disposition
<input checked="" type="checkbox"/>	<input type="checkbox"/>			24	Time as PHIC; procedures & records
Consumer Advisory					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			25	Advisory for raw/undercooked food
Highly Susceptible Populations					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			26	Pasteurized foods used; No prohibited foods
Additives and Toxic Substances					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			27	Food additives: approved & properly used
<input checked="" type="checkbox"/>	<input type="checkbox"/>			28	Toxic substances identified, stored, & used
Approved Procedures					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			29	Variance/specialized process/HACCP

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Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		COS	R		
IN	OUT			N/A	N/O
Safe Food and Water					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			30	Pasteurized eggs used where required
<input checked="" type="checkbox"/>	<input type="checkbox"/>			31	Water & ice from approved source
<input checked="" type="checkbox"/>	<input type="checkbox"/>			32	Variance obtained for special processing
Food Temperature Control					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			33	Proper cooling methods; adequate equipment
<input checked="" type="checkbox"/>	<input type="checkbox"/>			34	Plant food properly cooked for hot holding
<input checked="" type="checkbox"/>	<input type="checkbox"/>			35	Approved thawing methods
<input checked="" type="checkbox"/>	<input type="checkbox"/>			36	Thermometers provided & accurate
Food Identification					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			37	Food properly labeled; original container
Prevention of Food Contamination					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			38	Insects, rodents, & animals not present
<input checked="" type="checkbox"/>	<input type="checkbox"/>			39	No Contamination (preparation, storage, display)
<input checked="" type="checkbox"/>	<input type="checkbox"/>			40	Personal cleanliness
<input checked="" type="checkbox"/>	<input type="checkbox"/>			41	Wiping cloths: properly used & stored
<input checked="" type="checkbox"/>	<input type="checkbox"/>			42	Washing fruits & vegetables

Compliance Status		COS	R		
IN	OUT			N/A	N/O
Proper Use of Utensils					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			43	Utensils: properly stored
<input checked="" type="checkbox"/>	<input type="checkbox"/>			44	Equipment & linens: stored, dried, & handled
<input checked="" type="checkbox"/>	<input type="checkbox"/>			45	Single-use/single-service articles: stored & used
<input checked="" type="checkbox"/>	<input type="checkbox"/>			46	Slash-resistant/cloth gloves used properly
Utensils, Equipment and Vending					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			47	Food & non-food contact surfaces
<input checked="" type="checkbox"/>	<input type="checkbox"/>			48	Warewashing: installed, maintained, used; test strips
<input checked="" type="checkbox"/>	<input type="checkbox"/>			49	Non-food contact surfaces clean
Physical Facilities					
<input checked="" type="checkbox"/>	<input type="checkbox"/>			50	Hot & cold water available; under pressure
<input checked="" type="checkbox"/>	<input type="checkbox"/>			51	Plumbing installed; proper backflow devices
<input checked="" type="checkbox"/>	<input type="checkbox"/>			52	Sewage & waste water properly disposed
<input checked="" type="checkbox"/>	<input type="checkbox"/>			53	Toilet facilities: supplied & cleaned
<input checked="" type="checkbox"/>	<input type="checkbox"/>			54	Garbage & refuse disposal
<input checked="" type="checkbox"/>	<input type="checkbox"/>			55	Facilities installed, maintained, & clean
<input checked="" type="checkbox"/>	<input type="checkbox"/>			56	Ventilation & lighting
<input checked="" type="checkbox"/>	<input type="checkbox"/>			57	Permit; Fees; Application; Plans

Person in Charge (Print & Signature) *Michelle K. Betome* Date: **5-6-2019**
Inspector (Print & Signature) *[Signature]* Phone: **204-3250**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00010
 Name of Facility: ALLEN NEASE HIGH SCHOOL
 Address: 10550 RAY Road
 City, Zip: Saint Augustine 32095

Type: School (9 months or less)
 Owner: ALLEN NEASE HIGH SCHOOL
 Person In Charge: ALLEN NEASE HIGH SCHOOL Phone: (904) 547-3963
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 11:44 AM
Inspection Date: 5/7/2019	Number of Repeat Violations (1-57 R): 0	End Time: 12:35 PM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- IN** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- IN** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- IN** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- IN** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- IN** 33. Proper cooling methods; adequate equipment
- IN** 34. Plant food properly cooked for hot holding
- IN** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- IN** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NA** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

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Violations Comments

No Violation Comments Available

General Comments

No violations observed during inspection.

Email Address(es): Kathryn.argitis@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 209-3250 ex.
Print Client Name:
Date: 5/7/2019

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00026
Name of Facility: OSCEOLA ELEMENTARY SCHOOL
Address: 1605 OSCEOLA ELEMENTARY Road
City, Zip: Saint Augustine 32084

Type: School (9 months or less)
Owner: OSCEOLA ELEMENTARY SCHOOL
Person In Charge: OSCEOLA ELEMENTARY SCHOOL Phone: (904) 547-3963
PIC Email:

Inspection Information

Purpose: Routine
Inspection Date: 5/7/2019
Correct By: Next Inspection
Re-Inspection Date: None
Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No
Begin Time: 11:57 AM
End Time: 12:36 PM

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- IN 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN 3. Knowledge, responsibilities and reporting
- IN 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN 6. Proper eating, tasting, drinking, or tobacco use
- IN 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN 8. Hands clean & properly washed
- IN 9. No bare hand contact with RTE food
- IN 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NO 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized

- NO 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- NO 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- IN 23. Date marking and disposition
- IN 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN 27. Food additives: approved & properly used
- IN 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- NO** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment
- NO** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NO** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- OUT** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

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Violations Comments

Violation #54. Garbage & refuse disposal

Keep dumpster lids closed and trashed picked up around the area. To prevent vector harborage.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

General Comments

No General Comments Available

Email Address(es): Carole.a.simmons@stjohns.k12.fl.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 5/7/2019

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00024
 Name of Facility: SEBASTIAN MIDDLE SCHOOL
 Address: 2955 LEWIS SPEEDWAY
 City, Zip: Saint Augustine 32084

Type: School (9 months or less)
 Owner: SEBASTIAN MIDDLE SCHOOL
 Person In Charge: SEBASTIAN MIDDLE SCHOOL Phone: (904) 547-3963
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:48 AM
Inspection Date: 5/7/2019	Number of Repeat Violations (1-57 R): 0	End Time: 11:27 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- NA** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- IN** 33. Proper cooling methods; adequate equipment
- NO** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NA** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- OUT** 54. Garbage & refuse disposal
- OUT** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

Violation #54. Garbage & refuse disposal

Observed dumpster lid opened and debris around dumpster. Must keep lid closed and trash picked up to eliminate vector harborage.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

Violation #55. Facilities installed, maintained, & clean

Observed missing tile. Must determine if leaking is still occurring and then replace tile.

CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.

General Comments

No General Comments Available

Email Address(es): John.harddee@stjohns.k12.fl.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 5/7/2019

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00033
 Name of Facility: ST. AUGUSTINE HIGH SCHOOL
 Address: 3205 VARELLA Street
 City, Zip: Saint Augustine 32084

Type: School (more than 9 months)
 Owner: ST. AUGUSTINE HIGH SCHOOL
 Person In Charge: ST. AUGUSTINE HIGH SCHOOL Phone: (904) 547-3963
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:48 AM
Inspection Date: 5/7/2019	Number of Repeat Violations (1-57 R): 0	End Time: 10:21 AM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- NO** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment
- NO** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NO** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

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Violations Comments

No Violation Comments Available

General Comments

No violations found at time of inspection.

Email Address(es): Kathy.riskus@stjohns.k12.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 5/7/2019

Inspector Signature:

Handwritten signature of the inspector, Brittany Moore.

Client Signature:

Handwritten signature of the client, K. Riskus.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00407
 Name of Facility: ST. JOHNS TECHNICAL HIGH SCHOOL
 Address: 2980 COLLINS Avenue E, Building
 City, Zip: St Augustine 32084

Type: School (9 months or less)
 Owner: ST. JOHNS TECHNICAL HIGH SCHOOL
 Person In Charge: ST. JOHNS TECHNICAL HIGH SCHOOL Phone: (904) 547-3963
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:07 AM
Inspection Date: 5/7/2019	Number of Repeat Violations (1-57 R): 0	End Time: 10:07 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- 1. Demonstration of Knowledge/Training
- 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- 3. Knowledge, responsibilities and reporting
- 4. Proper use of restriction and exclusion
- 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- 6. Proper eating, tasting, drinking, or tobacco use
- 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- 8. Hands clean & properly washed
- 9. No bare hand contact with RTE food
- 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- 11. Food obtained from approved source
- 12. Food received at proper temperature
- 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- 15. Food separated & protected; Single-use gloves

- 16. Food-contact surfaces; cleaned & sanitized

- 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- 18. Cooking time & temperatures
- 19. Reheating procedures for hot holding
- 20. Cooling time and temperature
- 21. Hot holding temperatures
- 22. Cold holding temperatures
- 23. Date marking and disposition
- 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- IN 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- IN 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- IN 35. Approved thawing methods
- IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN 38. Insects, rodents, & animals not present
- IN 39. No Contamination (preparation, storage, display)
- IN 40. Personal cleanliness
- IN 41. Wiping cloths: properly used & stored
- IN 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
- IN 45. Single-use/single-service articles: stored & used

- IN 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- OUT 47. Food & non-food contact surfaces
- IN 48. Ware washing: installed, maintained, & used; test strips
- IN 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN 50. Hot & cold water available; adequate pressure
- IN 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- IN 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- IN 56. Ventilation & lighting
- IN 57. Permit; Fees; Application; Plans

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Violations Comments

Violation #47. Food & non-food contact surfaces
School kitchen has foam mats in utensil doors. Storage surfaces must be non absorbant and able to sanitize. Remove foam from drawers.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

General Comments

No General Comments Available

Email Address(es): Darren.guffey@flhealth.gov

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 209-3250 ex.
Print Client Name:
Date: 5/7/2019

Inspector Signature:

Handwritten signature of Darren Guffey.

Client Signature:

Handwritten signature of the client.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00088
Name of Facility: EVELYN HAMBLIN CENTER
Address: 16 ISABEL Street
City, Zip: Saint Augustine 32084

Type: School (9 months or less)
Owner: EVELYN HAMBLIN CENTER
Person In Charge: EVELYN HAMBLIN CENTER Phone: (904) 547-3963
PIC Email:

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 1 Begin Time: 10:00 AM
Inspection Date: 5/8/2019 Number of Repeat Violations (1-57 R): 0 End Time: 10:48 AM
Correct By: None Facility Grade: N/A
Re-Inspection Date: None Stop Sale: No

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- OUT** 13. Food in good condition, safe, & unadulterated (**COS**)
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- IN** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- NO** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment
- NO** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- IN** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NA** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

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Violations Comments

Violation #13. Food in good condition, safe, & unadulterated
Observed dented cans. Cans discarded.

CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.

General Comments

Chicken Nuggets 186 Degrees
300ppm quaternary

Email Address(es): Helen.deuschle@stjohns.k12.fl.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 5/8/2019

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-1904260
Name of Facility: Freedom Crossing Academy
Address: 1365 Shetland Drive
City, Zip: Saint Johns 32259

Type: School (9 months or less)
Owner: St. Johns County School District
Person In Charge: St. Johns County School District Phone: (904) 547-8932
PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 12:15 PM
Inspection Date: 5/8/2019	Number of Repeat Violations (1-57 R): 0	End Time: 01:10 PM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- IN** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- IN** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- IN** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- IN 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- IN 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- IN 35. Approved thawing methods
- IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN 38. Insects, rodents, & animals not present
- IN 39. No Contamination (preparation, storage, display)
- IN 40. Personal cleanliness
- IN 41. Wiping cloths: properly used & stored
- IN 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
- IN 45. Single-use/single-service articles: stored & used

- NA 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- OUT 47. Food & non-food contact surfaces (**COS**)
- IN 48. Ware washing: installed, maintained, & used; test strips
- IN 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN 50. Hot & cold water available; adequate pressure
- IN 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- IN 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- IN 56. Ventilation & lighting
- IN 57. Permit; Fees; Application; Plans

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Violations Comments

Violation #47. Food & non-food contact surfaces

Wood handled knife in the kitchen can not be sanitized. Only use utensils that can be properly sanitized. Removed during inspection.
CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

General Comments

No General Comments Available

Email Address(es): Michael.Holmes@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 209-3250 ex.
Print Client Name:
Date: 5/8/2019

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00234
 Name of Facility: SOUTH WOODS ELEMENTARY
 Address: 4750 SR 206 W
 City, Zip: Armstrong 32033

Type: School (9 months or less)
 Owner: SOUTH WOODS ELEMENTARY
 Person In Charge: SOUTH WOODS ELEMENTARY Phone: (904) 547-3963
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 11:24 AM
Inspection Date: 5/8/2019	Number of Repeat Violations (1-57 R): 0	End Time: 12:25 PM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- NO** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- NO** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment
- IN** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NA** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

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Violations Comments

No Violation Comments Available

General Comments

No violations at time of inspection.

Email Address(es): carolyn.brown@stjohns.k12.fl.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 5/8/2019

Inspector Signature:

Client Signature:

Food Establishment Inspection Report

Facility Type:	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.
		<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input type="checkbox"/> Short-term Res Tr
					<input type="checkbox"/> Transitional Living

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other _____ Grade: _____

Name of Establishment: Wards Creek Elementary
Address: 6585 State Rd 16, City: St. Augustine, FL
ZIP Code: 32092 **Name of Person in Charge:** Jill Franzoi
Telephone: 347-8739 **Person in Charge Email:** jill.franzoi@stjohns.k12.fl.us
Date (MM/DD/YY): 5/10/19 **Begin Time (AM/PM):** 11:21 **End Time (AM/PM):** _____ **Permit Number:** 48-00381 **Position Number:** 51550

FOOD SAFETY AND INSPECTION SERVICE (FSIS) REGULATIONS

Indicate the compliance status: Mark an "X" under the compliance status: IN-the act or item was observed to be in compliance; OUT-the act or item was observed to be out of compliance; NO-the act or item was not observed to be occurring at the time of inspection; NA-the act or item is not performed by the facility.

Mark an "X" in the appropriate box for: COS-violation corrected on site; R-repeat violation from previous inspection

Compliance Status		IN		OUT		N/A		NO		COS		R	
1	Demonstration of Knowledge/Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Certified Manager/Person in Charge present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Knowledge, responsibilities and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Proper use of restriction and exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Responding to vomiting & diarrheal events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Hands clean & properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	No bare hand contact with RTE food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Handwashing sinks, accessible & supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Food obtained from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Food received at proper temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Food in good condition, safe, & unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Shellstock tags & parasite destruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food.

Compliance Status		IN		OUT		N/A		NO		COS		R	
30	Pasteurized eggs used where required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Water & ice from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Variance obtained for special processing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Proper cooling methods; adequate equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Plant food properly cooked for hot holding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Approved thawing methods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Thermometers provided & accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Food properly labeled; original container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Insects, rodents, & animals not present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	No Contamination (preparation, storage, display)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Personal cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Wiping cloths: properly used & stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Washing fruits & vegetables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Print & Signature): *Jill Franzoi* **Date:** 5-10-19
Inspector (Print & Signature): *Brittany Moore Beck* **Phone:** 209-325

Food Establishment Inspection Report

Name of Establishment:

Permit Number:

Date:

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

NO violations at time of inspec

Person in Charge (Signature)

Date

Inspector (Signature)

Date

FORM DH40238 03/2018

By typing my signature, in the signature space provided above, I agree to create an electronic record and to adopt the electronic record created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 88A.08, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2008).

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00020
 Name of Facility: R.B. HUNT ELEMENTARY SCHOOL
 Address: 125 MAGNOLIA Avenue
 City, Zip: Anastasia Island 32080

Type: School (9 months or less)
 Owner: R. B. HUNT ELEMENTARY SCHOOL
 Person In Charge: R. B. HUNT ELEMENTARY SCHOOL Phone: (904) 547-3963
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 12:15 PM
Inspection Date: 5/13/2019	Number of Repeat Violations (1-57 R): 0	End Time: 12:52 PM
Correct By: None	FacilityGrade: N/A	
Re-Inspection Date: None	StopSale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- NO** 6. Proper eating, tasting, drinking, or tobacco use
- NO** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- NA** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Good Retail Practices

SAFE FOOD AND WATER

- NO** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment
- IN** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NO** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- OUT** 47. Food & non-food contact surfaces (**COS**)
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

Violation #47. Food & non-food contact surfaces
Observed knives with wooden handle. Wood is a non food contact surface. Disgarded on site.
CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

General Comments

Green Beans 196 degrees
Quaternary 300ppm

Email Address(es): Jennifer.tedder@stjohns.k12.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 5/13/2019

Inspector Signature:

Client Signature: