

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



Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00011
 Name of Facility: CROOKSHANK ELEMENTARY SCHOOL
 Address: 1455 N WHITNEY Street
 City, Zip: Saint Augustine 32084

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

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 11:12 AM
Inspection Date: 7/2/2019	Number of Repeat Violations (1-57 R): 0	End Time: 11:47 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
- 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

- 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
- 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 (**COS**)

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 (**COS**)

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
- NO** 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

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

No Violation Comments Available

General Comments

No violations at time of inspection

Email Address(es): Angela.m.Boyer@stjohns.k12.fl.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 7/3/2019

Inspector Signature:

Handwritten signature of the inspector.

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: 55-48-00234
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: 12:00 PM
Inspection Date: 7/2/2019	Number of Repeat Violations (1-57 R): 0	End Time: 01:00 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

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

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): Caroline.Russ@stjohns.k12.fl.us

Inspection Conducted By: Brittany Moore (955211)
Inspector Contact Number: Work: (904) 209-3250 ex. 1184
Print Client Name:
Date: 7/2/2019

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: 10:20 AM
Inspection Date: 7/1/2019	Number of Repeat Violations (1-57 R): 0	End Time: 10:55 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

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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
- 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

- NO** 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

- NA** 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
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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
- 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
- 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

Both dumpster have rusted out bottoms. Repair or replace the dumpsters so garbage will not spill out the bottom.

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): kathy.riskus@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 209-3250 ex.
Print Client Name:
Date: 7/1/2019

Inspector Signature:

Client Signature: