

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



### Facility Information

**RESULT: Satisfactory**

Permit Number: 55-48-1814892  
 Name of Facility: Picolata Crossing Elementary  
 Address: 2675 pacetti Road  
 City, Zip: Saint Augustine 32092

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: 10:00 AM
Inspection Date: 10/14/2025	Number of Repeat Violations (1-57 R): 0	End Time: 10:24 AM
Correct By: None	FacilityGrade: N/A	
<b>Re-Inspection Date: None</b>	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**

**NO** 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  
**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

- NA** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- IN** 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

- 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 observed during inspection. Papa Johns pizza was 145F degree at delivery.

Email Address(es): cheri.szymanski@stjohns.k12.fl.us;  
Michael.Holmes@stjohns.k12.fl.us;  
ethan.gumble@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)  
Inspector Contact Number: Work: (904) 506-6081 ex. 6124  
Print Client Name:  
Date: 10/14/2025

Inspector Signature:

Client Signature:

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



## Facility Information

RESULT: Satisfactory

Permit Number: 55-48-2370054  
 Name of Facility: Tocoi Creek High School  
 Address: 11200 Saint Johns Pkwy  
 City, Zip: Saint Augustine 32092

Type: School (9 months or less)  
 Owner: Tocoi Creek High School  
 Person In Charge: Tocoi Creek High School      Phone: (904) 547-4260  
 PIC Email:

## Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:35 AM
Inspection Date: 10/14/2025	Number of Repeat Violations (1-57 R): 0	End Time: 11:13 AM
Correct By: None	FacilityGrade: N/A	
<b>Re-Inspection Date: None</b>	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

- 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

- NO** 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

### 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

- IN 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 observed during inspection.

Email Address(es): Anthony.Carta@stjohns.k12.fl.us;  
Michael.Holmes@stjohns.k12.fl.us;  
ethan.gumble@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)  
Inspector Contact Number: Work: (904) 506-6081 ex. 6124  
Print Client Name:  
Date: 10/14/2025

Inspector Signature:

Client Signature:

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



## Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00025  
 Name of Facility: Landrum Middle School  
 Address: 230 LANDRUM Lane  
 City, Zip: Ponte Vedra Beach 32082

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

## Inspection Information

Purpose: Routine  
 Inspection Date: 10/17/2025  
 Correct By: None  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0  
 Number of Repeat Violations (1-57 R): 0  
 FacilityGrade: N/A  
 StopSale: No

Begin Time: 10:25 AM  
 End Time: 11:02 AM

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

- NO** 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
- 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
- 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

**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  
**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

**OUT** 48. Ware washing: installed, maintained, & used; test strips (**COS**)

**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 #48. Ware washing: installed, maintained, & used; test strips

Probe thermometer sanitizer cup was under 150PPM. Change out the sanitizer more frequently. Corrected onsite.

CODE REFERENCE: 64E-11.003(4). Warewashing facilities must be approved, available, maintained, effective, and used for cleaning and sanitizing food-contact surfaces and equipment. Test strips are available and used to verify the solution is at a concentration necessary to achieve sanitization.

## General Comments

Note: Fire house sub from yesterday (yesterday per manager)was 40F degrees on service line today.

Email Address(es): michael.howell@stjohns.k12.fl.us;  
 Michael.Holmes@stjohns.k12.fl.us;  
 ethan.gumble@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)  
 Inspector Contact Number: Work: (904) 506-6081 ex. 6124  
 Print Client Name:  
 Date: 10/17/2025

Inspector Signature:

Client Signature:

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



## Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00014  
 Name of Facility: KETTERLINUS ELEMENTARY SCHOOL  
 Address: 67 ORANGE Street  
 City, Zip: Saint Augustine 32084

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

## Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:15 AM
Inspection Date: 10/20/2025	Number of Repeat Violations (1-57 R): 0	End Time: 10:40 AM
Correct By: None	FacilityGrade: N/A	
<b>Re-Inspection Date: None</b>	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

**NO** 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  
**NA** 24. Time as PHC; procedures & records

### CONSUMER ADVISORY

**IN** 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

**NO** 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

**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  
**NO** 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): john.harpst@stjohns.k12.fl.us;  
Michael.Holmes@stjohns.k12.fl.us;  
ethan.gumble@stjohns.k12.fl.us;

Inspection Conducted By: Darren Guffey (54792)  
Inspector Contact Number: Work: (904) 506-6081 ex. 6124  
Print Client Name:  
Date: 10/20/2025

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  
 Inspection Date: 10/20/2025  
 Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0  
 Number of Repeat Violations (1-57 R): 0  
 FacilityGrade: N/A  
 StopSale: No

Begin Time: 09:15 AM  
 End Time: 09:39 AM

*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

- NO** 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

### 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

**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

**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

**IN** 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

**OUT** 56. Ventilation & lighting

**IN** 57. Permit; Fees; Application; Plans

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## Violations Comments

Violation #56. Ventilation & lighting

Low lighting at the food prep table at 38FC, maintain 50FC. Note: several bulbs are out.

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.

## General Comments

No General Comments Available

Email Address(es): jennifer.tedder@stjohns.k12.fl.us;  
 Michael.Holmes@stjohns.k12.fl.us;  
 ethan.gumble@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)  
 Inspector Contact Number: Work: (904) 506-6081 ex. 6124  
 Print Client Name:  
 Date: 10/20/2025

Inspector Signature:

Client Signature:

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



## Facility Information

RESULT: Satisfactory

Permit Number: 55-48-00021  
Name of Facility: WEBSTER ELEMENTARY SCHOOL  
Address: 420 N ORANGE Street  
City, Zip: Saint Augustine 32084

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

## Inspection Information

Purpose: Routine  
Inspection Date: 10/20/2025  
Correct By: Next Inspection  
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 0  
Number of Repeat Violations (1-57 R): 0  
FacilityGrade: N/A  
StopSale: No

Begin Time: 09:41 AM  
End Time: 10:10 AM

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

**NO** 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  
**NO** 24. Time as PHC; procedures & records

### CONSUMER ADVISORY

**IN** 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

- 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

- 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

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- 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

- OUT** 56. Ventilation & lighting

- IN** 57. Permit; Fees; Application; Plans

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## Violations Comments

Violation #56. Ventilation & lighting

Low lighting under the hood at 33FC. Maintain 50FC under the hood. Light bulb is out.

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.

## General Comments

No General Comments Available

Email Address(es): lightkep.maria@stjohns.k12.fl.us;

Michael.Holmes@stjohns.k12.fl.us;

ethan.gumble@stjohns.k12.fl.us;

Inspection Conducted By: Darren Guffey (54792)  
 Inspector Contact Number: Work: (904) 506-6081 ex. 6124  
 Print Client Name:  
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