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

PURPOSE:
- [x] ROUTINE
- [ ] REINSPECTION
- [ ] CONSTRUCT.
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] EPIDEMIOLOGY
- [ ] OTHER

- [ ] ALF
- [ ] Fraternal
- [ ] Detention
- [ ] Bar/Lounge
- [ ] Civic
- [ ] Movie/Theater
- [x] School
- [ ] Residential Treatment Facility
- [ ] After School Meal
- [ ] Adult Day Care
- [ ] Other:

NAME OF ESTABLISHMENT North Hamilton Elem. School
ADDRESS 1291 71 Street CITY Jennings 71
OWNER HCSB ZIP 32053
PERSON IN CHARGE Aldo Daniels PHONE 938-1400
Patrick Howell - Manager

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
11:10A	11:40A	5/11/17	27298	24-48-00005

RESULTS
- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

DATE

- [ ] OUT OF BUSINESS

Items marked below are not in compliance with the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11 of the Florida Administrative Code and Chapters 381 and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above or an administrative fine or other legal action will be initiated.

FOOD SUPPLIES
- [ ] 1. Sources, etc.

FOOD PROTECTION
- [ ] 2. Stored temperature
- [ ] 3. No further cooking/Rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw fruits
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact/Reheating
- [ ] 10. Food container
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Sneeze guards
- [ ] 15. Transportation of food
- [ ] 16. Poisionous/Toxic Materials

PERSONNEL
- [ ] 17. Exclusion of personnel
- [ ] 18. Cleanliness
- [ ] 19. Tobacco use
- [ ] 20. Handwashing
- [ ] 21. Handling of dishware

EQUIPMENT/UTENSILS
- [ ] 22. Refrigeration facilities/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sufficient equip.
- [ ] 26. Dishwashing facilities
- [ ] 27. Design and fabrication
- [ ] 28. Installation and location
- [ ] 29. Cleanliness of equipment
- [ ] 30. Methods of washing

SANITARY FACILITIES AND CONTROLS
- [ ] 31. Water supply
- [ ] 32. Ice
- [ ] 33. Sewage
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities
- [ ] 36. Handwashing facilities
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control

OTHER FACILITIES AND OPERATIONS
- [ ] 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS
- [ ] 40. Temporary food service events

VENDING MACHINES
- [ ] 41. Vending machines

MANAGER CERTIFICATION
- [ ] 42. Manager certification

CERTIFICATES AND FEES
- [ ] 43. Certificates and fees

INSPECTION/ENFORCEMENT
- [ ] 44. Inspection/Enforcement

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: Sallie Ford PHONE: 386-792-1414
COPY OF REPORT RECEIVED BY: Patrick Howell DATE: 5-11-17

DH Form 4023, 1/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS


Hamilton Elementary
Date 5/11
VISITOR PASS

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

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- (●) ROUTINE
- ( ) ~~REINSPECTION~~
- ( ) CONSTRUCT.
- ( ) CHANGE OF OWNER
- ( ) COMPLAINT
- ( ) CONSULTATION
- ( ) QA SURVEY
- ( ) OTHER
- ( ) OTHER _____

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Correct Violations by
- ( ) Next Inspection
- ( ) 8:00 AM on:

DATE

NAME OF ESTABLISHMENT Hamilton County High School
ADDRESS 5683 US 129 South CITY Jasper
OWNER HCSB ZIP 32052
PERSON IN CHARGE Elda Daniels PHONE 386-792-7805
Michelle-Manager

BEGIN	END
100P	145P

DATE: 05/1/17

POSITION #: 28029

CERTIFICATE NUMBER: 24-48-00008

TYPE
- ( ) Hospital
- ( ) Nursing
- ( ) Detention
- ( ) Lounge
- ( ) Civic
- ( ) Movie
- (●) School
- ( ) Residen.
- ( ) Child
- ( ) Limited
- ( ) Other

( ) OUT OF BUSINESS

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

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- ( ) 44. Inspection/Enforcement

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: Sallie Ford *PHONE:* 386-758-1058

COPY OF REPORT RECEIVED BY: Interim manager *DATE:* 5-11-17

DH Form 4023, 1/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS