

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**

**FOOD SERVICE
INSPECTION REPORT**



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ EPIDEMIOLOGY
☐ OTHER

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

NAME OF ESTABLISHMENT North Haven Elem. School
ADDRESS 1291 21 Street **CITY** Jennings 71
OWNER HCSB **ZIP** 32053
PERSON IN CHARGE Wanda 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

- ☒ 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. Poisonous/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:

COPY OF REPORT RECEIVED BY:

PHONE:

DATE:

386-792-1414
5-11-17

CHD/HEADQUARTERS

- ☐ All
- ☐ Building
- ☐ Food Service
- ☐ Health Services
- ☐ Physical Education
- ☐ Social Studies
- ☐ Science
- ☐ Arts
- ☐ Music
- ☐ Other

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
INSPECTION REPORT

- PURPOSE:
- ☐ Routine
 - ☐ Complaint
 - ☐ Other

NAME OF ESTABLISHMENT: North Hills School
 ADDRESS: 1801 N. 2nd St
 CITY: Fort Lauderdale
 STATE: FL
 ZIP: 33305
 PHONE: 954-481-1400
 PERSON IN CHARGE: Black, James
 TITLE: Principal
 DATE: 5/11/17
 TIME: 11:00 AM
 PERMIT NUMBER: 2448-0002
 POST OFFICE: 9-3098

OTHER ACTIVITIES AND OPERATIONS:

- ☐ 1. Temporary
- ☐ 2. Permanent
- ☐ 3. Other

TEMPORARY ROOMS:

- ☐ 1. Temporary
- ☐ 2. Permanent

VENTILATING SYSTEMS:

- ☐ 1. Temporary
- ☐ 2. Permanent

MANAGER CERTIFICATION:

- ☐ 1. Temporary
- ☐ 2. Permanent

CERTIFICATES AND TESTS:

- ☐ 1. Temporary
- ☐ 2. Permanent

INSPECTION AND CORRECTIONS:

- ☐ 1. Temporary
- ☐ 2. Permanent



2/11/17
280-509-1414



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

PURPOSE: ☒ ROUTINE ☐ REINSPECTION ☐ CHANGE OF OWNER ☐ CONSTRUCT. ☐ COMPLAINT ☐ QA SURVEY ☐ OTHER

NAME OF ESTABLISHMENT Hamilton County High School
ADDRESS 5683 US 194 South CITY Keaton ZIP 32052
OWNER HCSB PERSON IN CHARGE Dea Daniels PHONE 386-792-7805
Michael-Manager

RESULTS
☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory
Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:00	11:45p	05/11/17	248029	24-48-00008	Hospital
00	00	05	00	00	Nursing
01	01	06	01	01	Detention
02	02	07	02	02	Lounge
03	03	08	03	03	Civic
04	04	09	04	04	Movie
05	05	10	05	05	School
06	06	11	06	06	Residen.
07	07	12	07	07	Child
08	08	13	08	08	Limited
09	09	14	09	09	Other

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.

- | | | | | | |
|---|---|---|---|--|--|
| FOOD SUPPLIES
☐ 1. Sources, etc.
☐ 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. Reserve of food | PERSONNEL
☐ 14. Sneeze guards
☐ 15. Transportation of food
☐ 16. Poisonous/Toxic materials
☐ 17. Exclusion of personnel
☐ 18. Cleanliness
☐ 19. Tobacco use
☐ 20. Handwashing
☐ 21. Handling of dishware
☐ 22. Refrigeration facilities/Thermometers
☐ 23. Sinks
☐ 24. Ice storage/Counter-protector
☐ 25. Ventilation/Storage/Sufficient equipment
☐ 26. Dishwashing facilities | EQUIPMENT/UTENSILS
☐ 31. Water supply
☐ 32. Ice
☐ 33. Sewage
☐ 34. Plumbing
☐ 35. Toilet facilities
☐ 36. Handwashing facilities
☐ 37. Garbage disposal
☐ 38. Vermin control | SANITARY FACILITIES
☐ 27. Design and fabrication
☐ 28. Installation and location
☐ 29. Cleanliness of equipment
☐ 30. Methods of washing
☐ 39. Other facilities and operations
☐ 40. Temporary food service events | TEMPORARY FOOD SERVICE EVENTS
☐ 41. Vending machines
☐ 42. Manager certification
☐ 43. Certificates and fees
☐ 44. Inspection/Enforcement | OTHER FACILITIES AND OPERATIONS
☐ 45. Vending machines
☐ 46. Temporary food service events
☐ 47. Manager certification
☐ 48. Certificates and fees
☐ 49. Inspection/Enforcement |
|---|---|---|---|--|--|

ITEM NUMBERS
COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: Sally Ford
COPY OF REPORT RECEIVED BY: Jessie Morgan
DATE: 5-11-17
PHONE: 386-758-1058
CHD/HEADQUARTERS

