STATE OF FLORIDA



CHD/HEADQUARTERS

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PURPOSE: ROUTINE REINSPECTION CONSTRUCT. CHANGE OF COMPLAINT CONSULTATION QA SURVEY PIDEMIOLO OTHER	COUN ON OWNER ON	PARTMENT OF H TY HEALTH DEP FOOD SERVICE INSPECTION REPO	ARTMENT DRT	Detention Bar/Lounge Civic Movie/Theater School Residential Treal After School Mea Adult Day Care Other:	
NAME OF ESTABLISHMENT ADDRESS 2 3 OWNER Ham, I 0 PERSON IN CHARGE 0 BEGIN END 12:30 1	Florida Co- School La Game	St CITY St ZIP PHONE POSITION # 28023	Jennys 32053 PERMIT N 24-48-		RESULTS Satisfactory Incomplete Unsatisfactory Correct Violations by Next Inspection 8:00 AM on: DATE
Items marked below are not in compliance operation of this facility without making thes Florida Statutes. Violations must be correct	se corrections is a violation	Chapter 64E-11 of the Flor n of Chapter 64E-11 of the	ida Administrative Code and i Florida Administrative Code	nust be corrected. C and Chapters 381 an	OUT OF BUSINESS ontinued d 386 of the
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 16. Poisionous/To PERSONNEL 17. Exclusion of p 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of d EQUIPMENT/UTE 22. Refrigeration 23. Sinks 24. Ice storage/Co	n of food oxic Materials oersonnel ishware NSILS facilities/Thermometers ounter-protector orage/Sufficient equip. facilities	27. Design and fabricati 28. Installation and loca 29. Cleanliness of equip 30. Methods of washing SANITARY FACILITIE AND CONTROLS 31. Water supply 32. Ice 33. Sewage 34. Plumbing 35. Toilet facilities 36. Handwashing facilit 37. Garbage disposal 38. Vermin control	on OTHER AND OR OTHER AND OR OTHER 39. C TEMPO SERVICE 40. T VENDIN 41. V MANAC 42. M CERTIF ies 43. C INSPEC	FACILITIES PERATIONS Other facilities and operations ORARY FOOD OE EVENTS Comporary food service events NG MACHINES Vending machines GER CERTIFICATION Manager certification FICATES AND FEES Certificates and fees CTION/ENFORCEMENT Inspection/Enforcement
NUMBERS		(continue on atta	ched sheet)		
HEALTH DEPARTMENT INSPECTOR: COPY OF REPORT RECEIVED BY:	What It	wey	PHONE DATE:	792-14	-16

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

STATE OF FLORIDA



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PURPOSE: ROUTINE REINSPECTION CONSTRUCT. CHANGE OF O' COMPLAINT CONSULTATIO QA SURVEY PIDEMIOLOG OTHER	COUN N WNER N	PARTMENT OF HITY HEALTH DEP FOOD SERVICE INSPECTION REPO	ARTMENT	Detention Bar/Lounge Civic Movie/Theater School Residential Trea After School Mea	
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12. Self-service condiments		torage/Sufficient equip.	38. Vermin control		nspection/Enforcement
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DH Form 4023, 1/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS

QA SU	INE TRUCTION IRVEY GE OF OWNE MIOLOGY	REINSPECTION COMPLAINT PREOPENING CONSULTATION	FLORIDA DEPARTM COUNTY HEALTH PUBLIC SCHOOL AND	DEPARTMENT PUBLIC CHARTER	STATE	TYPE PUBLIC SCHOOL PUBLIC CHARTER SCHOOL VOCATIONAL SCHOOL COLLEGE UNIVERSITY CENSUS FEMALES MALES
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item was not	observed to b	or item was observed to re se occurring at the time o	meet standards; OUT = f inspection; NA = the a	the act or item was ct or item is not per	observed <u>r</u> formed by t	not to meet standards; NO = the act or the facility or not part of the operation
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		3 replaces previous editions				Page 1 of

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STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT

FOOD SERVICE

INSPECTION REPORT

PURPOSE:

ROUTINE REINSPECTION

CONSTRUCE. CHANGE OF OWNER

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NAME OF FACILITY	Douth Ha	milton Ele	ementary		SATISFACTORY INCOMPLETE
LOCATION ADDRESS	16692 Spri	ng St, cit	v White 5	pringo	UNSATISFACTORY
STATE FL ZIP CODE	32096 FACIL				CORRECT VIOLATIONS BY NEXT ROUTINE INSPECTION
PERSON IN CHARGE (P	10) Ms. Hil	<u> </u>	ONE 386-39	17-4400	OR 3 AM ON (DATE)
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BOLLINE # PURPOSE:

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NAME OF FACILITY Central Ho	FLORIDA DEPARTA COUNTY HEALTH PUBLIC SCHOOL AND SCHOOL INSPECT MI HON CIT TY OWNER HC	DEPARTMENT DEPUBLIC CHARTER CTION REPORT EMENTARY V Das per	TYPE PUBLIC SCHOOL PUBLIC CHARTER SCHOOL VOCATIONAL SCHOOL COLLEGE UNIVERSITY CENSUS FEMALES MALES RESULTS SATISFACTORY INCOMPLETE UNSATISFACTORY CORRECT VIOLATIONS BY NEXT ROUTINE INSPECTION OR 8 AM ON (DATE)					
BEGIN TIME AM/PM END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER					
10.20 Am /1:20 am								
This form serves as a "Notice of Non-Compliance" pursu requirements of Rule 6A-2.0010, of the Florida Administi (SREF); and sections 453 and 468 of the Florida Buildin Continued operation of this facility without making these enforcement action being initiated by the Department of	This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked below violate one or more of the requirements of Rule 6A-2.0010, of the Florida Administrative Code, Chapter 5, section 5 of the State Requirements for Educational Facilities 2014 (SREF); and sections 453 and 468 of the Florida Building Code 5th Edition (2014). 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. Marking Key: IN = the act or item was observed to meet standards: OUT = the act or item was observed not to meet standards: NO = the options.							
SCHOOL SANITATION In Out NO NA 1. School Site 2. Playground, Equipment & Athletic Fields 3. Athletic and Playground Equipment BUILDING CONSTRUCTION AND MAINTENANCE In Out NO NA 4. Construction 5. Maintenance & Repair 6. Lighting Standards 7. Heating, Ventilation, A/C Standards 8. Natural Ventilation 9. Mechanical Ventilation	WATER SUPPLY In Out NO NA IS DI IQUID WASTE & WAST	In Individual Individu	PER CHANGING STATION Out NO NA					
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ITEM COMMENT	TS AND INSTRUCTION	NS (if needed use a co	entinuation page)					
no replations no	ted at	time of	inspection					
INSPECTION CONDUCTED BY:	ren J. Er	eans)	PHONE: 386-158-1058					
COPY OF REPORT RECEIVED BY:	Eury Derderso		DATE: 1-11-17					
DH FORM 4030, 12/16 replaces previous editions	J		Page 1 of					

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

INSPECTION REPORT

FOOD SERVICE

PURPOSE:

ROUTINE

C REINSPECTION

CONSTRUCT. CHANGE OF OWNER

	□ CONSCLIATION □ OTHER						RESULTS
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