

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE
INSPECTION REPORT

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



PURPOSE:

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

NAME OF ESTABLISHMENT

ADDRESS

OWNER

PERSON IN CHARGE

CITY

ZIP

PHONE

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:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE
INSPECTION REPORT

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



PURPOSE:

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

NAME OF ESTABLISHMENT Hamilton Co. High School
ADDRESS _____ CITY Jasper
OWNER Hamilton Co. School Bd ZIP 32052
PERSON IN CHARGE Lda. Parnell PHONE _____

RESULTS

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

DATE

☐ OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:50A	11:30A	11-28-16	25029	24-48-00008

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 40, 140
☐ 3. No further cooking/Rapid cooling 33
☐ 4. Thawing 101
☐ 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:

Ron Taylor
Michelle Morgan

PHONE:

DATE:

792-1414
11/28/16

PURPOSE

- | | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> COMPLAINT |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> PREOPENING |
| <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> EPIDEMIOLOGY | |
| <input type="checkbox"/> OTHER _____ | |



**FLORIDA DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC SCHOOL AND PUBLIC CHARTER
SCHOOL INSPECTION REPORT**

NAME OF FACILITY Greenwood School
 LOCATION ADDRESS 6183 NW US Hwy 41 CITY Jasper
 STATE FL ZIP CODE 32052 FACILITY OWNER HCSB
 PERSON IN CHARGE (PIC) _____ PHONE 386-792-6590

PIC E-MAIL ADDRESS _____

TYPE

- ☒ PUBLIC SCHOOL
☐ PUBLIC CHARTER SCHOOL
☐ VOCATIONAL SCHOOL
☐ COLLEGE
☐ UNIVERSITY

CENSUS

____ FEMALE
 ____ MALE

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
			912064	24-51-00280

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 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 or not part of the operation

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

SANITARY FACILITIES

In Out NO NA

- ☐ ☐ 10. Provided/Accessible/Separation
☐ ☐ 11. Group Toilet Rooms
☐ ☐ 12. Toilet Facilities

SANITARY FACILITIES (cont.)

In Out NO NA

- ☐ ☐ 13. Handwashing Facilities
☐ ☐ 14. Soap Dispensers
☐ ☐ 15. Shower Facilities
☐ ☐ 16. Showers Water Temperatures

WATER SUPPLY

In Out NO NA

- ☐ ☐ 17. Approved Source
☐ ☐ 18. Drinking Fountains

LIQUID WASTE & WASTE WATER

In Out NO NA

- ☐ ☐ 19. Sewage Disposal
☐ ☐ 20. Solid Waste

PEST CONTROL

In Out NO NA

- ☐ ☐ 21. Pest Control

SAFETY

In Out NO NA

- ☐ ☐ 22. First Aid Kit

DIAPER CHANGING STATION

In Out NO NA

- ☐ ☐ 23. Sanitizers
☐ ☐ 24. Changing Station & Mats
☐ ☐ 25. Hand Sink
☐ ☐ 26. Garbage Can

ANIMAL HEALTH AND SAFETY

In Out NO NA

- ☐ ☐ 27. Animals Maintenance/Aggressive

DORM/RESIDENTIAL FACILITIES

In Out NO NA

- ☐ ☐ 28. Maintenance/Complaint
☐ ☐ 29. Other

ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
	<i>Closed 1-11-17 according to Ms. Daniels</i>

INSPECTION CONDUCTED BY: Karen J. Evans

PHONE: 386-758-1058

COPY OF REPORT RECEIVED BY: X

DATE: _____

St

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



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QASURVEY ☐ OTHER
☐ OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Greenwood School
ADDRESS 16183 NW US Hwy 41 **CITY** Jasper
OWNER HCSB **ZIP** 32052
PERSON IN CHARGE Ida Daniels **PHONE** 792-6523

RESULTS

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

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00				
2:05 AM	2:05 AM		912064	24-48-00004	<input type="checkbox"/> Hospital
3:10 PM	3:10 PM				<input type="checkbox"/> Nursing
4:15	4:15				<input type="checkbox"/> Detention
5:20	5:20				<input type="checkbox"/> Lounge
6:25	6:25				<input type="checkbox"/> Civic
7:30	7:30				<input type="checkbox"/> Movie
8:35	8:35				<input checked="" type="checkbox"/> School
9:40	9:40				<input type="checkbox"/> Residen.
10:45	10:45				<input type="checkbox"/> Child
11:50	11:50				<input type="checkbox"/> Unrated
12:55	12:55				<input type="checkbox"/> 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 <input type="checkbox"/> 1. Sources, etc. FOOD PROTECTION <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Bare hands <input type="checkbox"/> 6. Bare cooking <input type="checkbox"/> 7. Bare cooking <input type="checkbox"/> 8. Other meat cooking <input type="checkbox"/> 9. Least contact Reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Hot food equipment <input type="checkbox"/> 12. Hot food equipment <input type="checkbox"/> 13. Hot food equipment	<input type="checkbox"/> 14. Sneezing guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous, Toxic materials PERSONNEL <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Uniforms <input type="checkbox"/> 20. Hand washing <input type="checkbox"/> 21. Handing of foodware EQUIPMENT/UTENSILS <input type="checkbox"/> 22. Refrigeration facilities Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Hot water <input type="checkbox"/> 25. Hot water <input type="checkbox"/> 26. Hot water <input type="checkbox"/> 27. Hot water <input type="checkbox"/> 28. Hot water <input type="checkbox"/> 29. Hot water <input type="checkbox"/> 30. Hot water	<input type="checkbox"/> 31. Design and fabrication <input type="checkbox"/> 32. Sanitation and sanitation <input type="checkbox"/> 33. Cleanliness of equipment <input type="checkbox"/> 34. Methods of cleaning SANITARY FACILITIES AND CONTROLS <input type="checkbox"/> 35. Water supply <input type="checkbox"/> 36. Ice <input type="checkbox"/> 37. Sewage <input type="checkbox"/> 38. Plumbing <input type="checkbox"/> 39. Plumbing <input type="checkbox"/> 40. Plumbing <input type="checkbox"/> 41. Plumbing <input type="checkbox"/> 42. Plumbing <input type="checkbox"/> 43. Plumbing <input type="checkbox"/> 44. Plumbing	OTHER FACILITIES AND OPERATIONS <input type="checkbox"/> 45. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS <input type="checkbox"/> 46. Temporary food service events VENDING MACHINES <input type="checkbox"/> 47. Vending machines MANAGER CERTIFICATION <input type="checkbox"/> 48. Manager certification CERTIFICATES AND FEES <input type="checkbox"/> 49. Certificates and fees INSPECTION/ENFORCEMENT <input type="checkbox"/> 50. Inspection/Enforcement
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ITEM NUMBERS _____ **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)
 Closed according to Ms. Daniels permit purchased by mistake
 1-11-17 (P)
 Karen J. Evans
 386-758-1058
 X
 88

PURPOSE

- ☒ ROUTINE
☐ CONSTRUCTION
☐ QA SURVEY
☐ CHANGE OF OWNER
☐ EPIDEMIOLOGY
☐ OTHER

- ☐ REINSPECTION
☐ COMPLAINT
☐ PREOPENING
☐ CONSULTATION



FLORIDA DEPARTMENT OF HEALTH
 COUNTY HEALTH DEPARTMENT
 PUBLIC SCHOOL AND PUBLIC CHARTER
 SCHOOL INSPECTION REPORT

TYPE

- ☒ PUBLIC SCHOOL
☐ PUBLIC CHARTER SCHOOL
☐ VOCATIONAL SCHOOL
☐ COLLEGE
☐ UNIVERSITY

CENSUS

145
 58 FEMALES
 87 MALES

RESULTS

- ☒ SATISFACTORY
☐ INCOMPLETE
☐ UNSATISFACTORY
 CORRECT VIOLATIONS BY
☐ NEXT ROUTINE INSPECTION
 OR ☐ 8 AM ON _____ (DATE)

NAME OF FACILITY South Hamilton Elementary
 LOCATION ADDRESS 16692 Spring St. CITY White Springs
 STATE FL ZIP CODE 32096 FACILITY OWNER HCSB
 PERSON IN CHARGE (PIC) Mrs. Hill PHONE 386-397-4406

PIC E-MAIL ADDRESS

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
9:15 AM	10:00 AM	1-11-17	912064	24-51-00284

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.

PreK - 6th grade

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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

SANITARY FACILITIES

In Out NO NA

- ☒ 10. Provided/Accessible/Separation
☐ 11. Group Toilet Rooms
☐ 12. Toilet Facilities

SANITARY FACILITIES (cont.)

In Out NO NA

- ☒ 13. Handwashing Facilities
☐ 14. Soap Dispensers
☐ 15. Shower Facilities
☐ 16. Showers Water Temperatures

WATER SUPPLY

In Out NO NA

- ☒ 17. Approved Source
☐ 18. Drinking Fountains

LIQUID WASTE & WASTE WATER

In Out NO NA

- ☒ 19. Sewage Disposal
☐ 20. Solid Waste

PEST CONTROL

In Out NO NA

- ☒ 21. Pest Control

SAFETY

In Out NO NA

- ☒ 22. First Aid Kit

DIAPER CHANGING STATION

In Out NO NA

- ☐ 23. Sanitizers
☐ 24. Changing Station & Mats
☐ 25. Hand Sink
☐ 26. Garbage Can

ANIMAL HEALTH AND SAFETY

In Out NO NA

- ☐ 27. Animals Maintenance/Aggressive

DORM/RESIDENTIAL FACILITIES

In Out NO NA

- ☐ 28. Maintenance/Complaint
☐ 29. Other

ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
	<u>no violations noted at time of inspection</u>

INSPECTION CONDUCTED BY:

Karen J. Evans

COPY OF REPORT RECEIVED BY:

Shirley Aldridge

DH FORM 4030, 12/16 replaces previous editions

PHONE: 386-758-1058DATE: 1-11-17Page 1 of 1



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

PURPOSE:

- ☒ ROUTINE
☐ REINSPECTION
☐ CHANGE OF OWNER
☐ COMPLAINT
☐ QUARANTINE
☐ OTHER

NAME OF ESTABLISHMENT South Hamilton Elementary
ADDRESS 10693 Spring St. CITY White Springs ZIP 32096
OWNER HCSB
PERSON IN CHARGE Ida Daniels PHONE 386-397-4400

BEGIN 9:15 END 10:00

DATE 01/11/17
POSITION # 912064
CERTIFICATE NUMBER 24-48-00006

TYPE	Hospital	Nursing	Detention	Canteen	Mobile	School	Resident	Food	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE	05	06	07	08	09	10	11	12	13	14
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESULTS

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

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	<input type="checkbox"/> 1. Storage areas	<input type="checkbox"/> 11. Storage areas
FOOD PROTECTION	<input type="checkbox"/> 2. Food temperature	<input type="checkbox"/> 12. Food temperature
PERSONNEL	<input type="checkbox"/> 3. Food handlers	<input type="checkbox"/> 13. Food handlers
SANITARY FACILITIES	<input type="checkbox"/> 4. Handwashing	<input type="checkbox"/> 14. Handwashing
AND CONTROLS	<input type="checkbox"/> 5. Sanitation	<input type="checkbox"/> 15. Sanitation
VENDING MACHINES	<input type="checkbox"/> 6. Vending machines	<input type="checkbox"/> 16. Vending machines
TEMPORARY FOOD	<input type="checkbox"/> 7. Temporary food service	<input type="checkbox"/> 17. Temporary food service
SERVICE EVENTS	<input type="checkbox"/> 8. Service events	<input type="checkbox"/> 18. Service events
OTHER FACILITIES	<input type="checkbox"/> 9. Other facilities	<input type="checkbox"/> 19. Other facilities
AND OPERATIONS	<input type="checkbox"/> 10. And operations	<input type="checkbox"/> 20. And operations
MANAGER CERTIFICATION	<input type="checkbox"/> 21. Manager certification	<input type="checkbox"/> 22. Manager certification
CERTIFICATES AND FEES	<input type="checkbox"/> 23. Certificates and fees	<input type="checkbox"/> 24. Certificates and fees
INSPECTION/ENFORCEMENT	<input type="checkbox"/> 25. Inspection/enforcement	<input type="checkbox"/> 26. Inspection/enforcement

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS

no violations noted at time of inspection.
all stamps in proper range - log available.
Kitchen & dump area - no signs of vermin.

Kenneth J. Evans
Dally Bunt

386-758-1058

1-11-17

84

PURPOSE

- ☒ ROUTINE
☐ CONSTRUCTION
☐ QA SURVEY
☐ CHANGE OF OWNER
☐ EPIDEMIOLOGY
☐ OTHER _____
- ☐ REINSPECTION
☐ COMPLAINT
☐ PREOPENING
☐ CONSULTATION



FLORIDA DEPARTMENT OF HEALTH
 COUNTY HEALTH DEPARTMENT
 PUBLIC SCHOOL AND PUBLIC CHARTER
 SCHOOL INSPECTION REPORT

NAME OF FACILITY Central Hamilton Elementary
 LOCATION ADDRESS 550 Chan Bridge Dr. CITY Jasper
 STATE FL ZIP CODE 32054 FACILITY OWNER HCSB
 PERSON IN CHARGE (PIC) Peggy Hasty PHONE 386-792-8006
 PIC E-MAIL ADDRESS _____

TYPE

- ☒ PUBLIC SCHOOL
☐ PUBLIC CHARTER SCHOOL
☐ VOCATIONAL SCHOOL
☐ COLLEGE
☐ UNIVERSITY

CENSUS

415
215 FEMALES
200 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	11:20 am	1-11-17	912064	24-51-00279

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.

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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

SANITARY FACILITIES

In Out NO NA

- ☒ ☐ 10. Provided/Accessible/Separation
☒ ☐ 11. Group Toilet Rooms
☒ ☐ 12. Toilet Facilities

SANITARY FACILITIES (cont.)

In Out NO NA

- ☒ ☐ 13. Handwashing Facilities
☒ ☐ 14. Soap Dispensers
☒ ☐ 15. Shower Facilities
☒ ☐ 16. Showers Water Temperatures

WATER SUPPLY

In Out NO NA

- ☒ ☐ 17. Approved Source
☒ ☐ 18. Drinking Fountains

LIQUID WASTE & WASTE WATER

In Out NO NA

- ☒ ☐ 19. Sewage Disposal
☒ ☐ 20. Solid Waste

PEST CONTROL

In Out NO NA

- ☒ ☐ 21. Pest Control

SAFETY

In Out NO NA

- ☒ ☐ 22. First Aid Kit

DIAPER CHANGING STATION

In Out NO NA

- ☒ ☐ 23. Sanitizers
☒ ☐ 24. Changing Station & Mats
☒ ☐ 25. Hand Sink
☒ ☐ 26. Garbage Can

ANIMAL HEALTH AND SAFETY

In Out NO NA

- ☒ ☐ 27. Animals Maintenance/Aggressive

DORM/RESIDENTIAL FACILITIES

In Out NO NA

- ☒ ☐ 28. Maintenance/Complaint
☒ ☐ 29. Other

ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
	<u>no violations noted at time of inspection</u>

INSPECTION CONDUCTED BY:

Karen J. Evans

PHONE: 386-758-1058

COPY OF REPORT RECEIVED BY:

Penny Henderson

DATE: 1-11-17

DH FORM 4030, 12/16 replaces previous editions

Page 1 of _____

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



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QASURVY ☐ OTHER
☐ OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Central Hamilton Elementary
ADDRESS 553 Chan Bridge Drive **CITY** Jasper
OWNER HCSB **ZIP** 32052
PERSON IN CHARGE Ida Daniels **PHONE** 386-792-16350

email: Ida.Daniels@hamiltonfl.com

BEGIN	END
10:20	11:20
1:00	1:00
2:05	2:05
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
01/11/17
01/01/15
01/01/06
02/02/07
03/03/08
04/04/09
05/05/10
06/06/11
07/07/12
08/08/13
09/09/14

POSITION #
912064
01/01/01
02/02/02
03/03/03
04/04/04
05/05/05
06/06/06
07/07/07
08/08/08
09/09/09

CERTIFICATE NUMBER
24-48-00003
01/01/01
02/02/02
03/03/03
04/04/04
05/05/05
06/06/06
07/07/07
08/08/08
09/09/09

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Club
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

RESULTS

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

DATE
01/01/05
01/01/06
02/02/07
03/03/08
04/04/09
05/05/10
06/06/11
07/07/12
08/08/13
09/09/14

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. Source only

FOOD PROTECTION

☐ 2. Storage temperature

☐ 3. No cross-contamination

☐ 4. Thawing

☐ 5. Raw meats

☐ 6. Pre-cooked meats

☐ 7. Ready-to-eat meats

☐ 8. Ready-to-eat meats

☐ 9. Ready-to-eat meats

☐ 10. Ready-to-eat meats

☐ 11. Ready-to-eat meats

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☐ 41. Ready-to-eat meats

☐ 42. Ready-to-eat meats

☐ 43. Ready-to-eat meats

OTHER FACILITIES

AND OPERATIONS

☐ 44. Other facilities and operations

TEMPORARY FOOD

SERVICE EVENTS

☐ 45. Temporary food service events

VENDING MACHINES

☐ 46. Vending machines

MANAGER CERTIFICATION

☐ 47. Manager certification

CERTIFICATES AND FEES

☐ 48. Certificates and fees

INSPECTION/ENFORCEMENT

☐ 49. Inspection/enforcement

**ITEM
NUMBERS**

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

no violations noted at time of inspection

general cleaning in cold/freezer rooms needed

HEALTH DEPARTMENT DIRECTOR

Karen Z. Evans
Ida Daniels

COPY OF REPORT TO BE RETURNED TO:

DATE OF REPORT: 11-11-17

386-758-1050

1-11-17

JK