

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Nease HS
 ADDRESS 10500 Ray Rd CITY St Aug
 OWNER SSC Schools ZIP 32095
 PERSON IN CHARGE Carma Banks PHONE 547-8318

RESULTS

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

BEGIN	END
9:50	10:25
1:00	1:00
2:05 AM	2:05 AM
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 29 15
0 0 0 0 0 05
1 1 1 1 06
2 2 2 07
3 3 3 08
4 4 09
5 5 10
6 6 11
7 7 12
8 8 13
9 9 14

POSITION #
54791
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

CERTIFICATE NUMBER
55-48-00010
0 0 0 0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9 9 9 9

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"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
0 0 0 0 05
1 1 1 1 06
2 2 2 07
3 3 3 08
4 4 09
5 5 10
6 6 11
7 7 12
8 8 13
9 9 14

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.

- | | | | |
|---|--|--|--|
| 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. Raw fruits
<input type="checkbox"/> 6. Pork cooking
<input type="checkbox"/> 7. Poultry cooking
<input type="checkbox"/> 8. Other animal cooking
<input type="checkbox"/> 9. Least contact/Reheating
<input type="checkbox"/> 10. Food container
<input type="checkbox"/> 11. Buffet requirements
<input type="checkbox"/> 12. Self-service condiments
<input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 14. Sneeze 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. Tobacco use
<input type="checkbox"/> 20. Handwashing
<input type="checkbox"/> 21. Handling of dishware

EQUIPMENT/UTENSILS
<input type="checkbox"/> 22. Refrigeration facilities/Thermometers
<input type="checkbox"/> 23. Sinks
<input type="checkbox"/> 24. Ice storage/Counter-protector
<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment
<input type="checkbox"/> 26. Dishwashing facilities | <input type="checkbox"/> 27. Design and fabrication
<input type="checkbox"/> 28. Installation and location
<input type="checkbox"/> 29. Cleanliness of equipment
<input type="checkbox"/> 30. Methods of washing

SANITARY FACILITIES AND CONTROLS
<input type="checkbox"/> 31. Water supply
<input type="checkbox"/> 32. Ice
<input type="checkbox"/> 33. Sewage
<input type="checkbox"/> 34. Plumbing
<input type="checkbox"/> 35. Toilet facilities
<input type="checkbox"/> 36. Handwashing facilities
<input type="checkbox"/> 37. Garbage disposal
<input type="checkbox"/> 38. Vermin control | OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 40. Temporary food service events

VENDING MACHINES
<input type="checkbox"/> 41. Vending machines

MANAGER CERTIFICATION
<input type="checkbox"/> 42. Manager certification

CERTIFICATES AND FEES
<input type="checkbox"/> 43. Certificates and fees

INSPECTION/ENFORCEMENT
<input type="checkbox"/> 44. Inspection/Enforcement |
|---|--|--|--|

ITEM NUMBERS **COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

No Violations noted

HEALTH DEPARTMENT INSPECTOR: David Scott PHONE: 823-2514
 COPY OF REPORT RECEIVED BY: Carma Banks DATE: 1-29-15