

**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 10550 Ray Rd CITY St Aug  
 OWNER SJC Schools ZIP 32095  
 PERSON IN CHARGE Carma Banks PHONE 547-8310

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by:  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

| BEGIN | END  | DATE     | POSITION # | CERTIFICATE NUMBER | TYPE  |
|-------|------|----------|------------|--------------------|---|
| 1000  | 1035 | 10/16/15 | 54791      | 55-48-00010        | <input type="checkbox"/> Hospital<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Detention<br><input type="checkbox"/> Lounge<br><input type="checkbox"/> Civic<br><input type="checkbox"/> Movie<br><input checked="" type="checkbox"/> School<br><input type="checkbox"/> Residen.<br><input type="checkbox"/> Child<br><input type="checkbox"/> Limited<br><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.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> 1. Sources, etc.                    | <input type="checkbox"/> 14. Sneeze guards                            | <input type="checkbox"/> 27. Design and fabrication    | <input type="checkbox"/> OTHER FACILITIES AND OPERATIONS     |
| <input type="checkbox"/> 2. Stored temperature               | <input type="checkbox"/> 15. Transportation of food                   | <input type="checkbox"/> 28. Installation and location | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 16. Poisonous/Toxic materials                | <input type="checkbox"/> 29. Cleanliness of equipment  | <input type="checkbox"/> TEMPORARY FOOD SERVICE EVENTS       |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 17. Exclusion of personnel                   | <input type="checkbox"/> 30. Methods of washing        | <input type="checkbox"/> 40. Temporary food service events   |
| <input type="checkbox"/> 5. Raw fruits                       | <input type="checkbox"/> 18. Cleanliness                              | <input type="checkbox"/> 31. Water supply              | <input type="checkbox"/> VENDING MACHINES                    |
| <input type="checkbox"/> 6. Pork cooking                     | <input type="checkbox"/> 19. Tobacco use                              | <input type="checkbox"/> 32. Ice                       | <input type="checkbox"/> 41. Vending machines                |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 20. Handwashing                              | <input type="checkbox"/> 33. Sewage                    | <input type="checkbox"/> MANAGER CERTIFICATION               |
| <input type="checkbox"/> 8. Other animal cooking             | <input type="checkbox"/> 21. Handling of dishware                     | <input type="checkbox"/> 34. Plumbing                  | <input type="checkbox"/> 42. Manager certification           |
| <input type="checkbox"/> 9. Least contact/Reheating          | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 35. Toilet facilities         | <input type="checkbox"/> CERTIFICATES AND FEES               |
| <input type="checkbox"/> 10. Food container                  | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 36. Handwashing facilities    | <input type="checkbox"/> 43. Certificates and fees           |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 24. Ice storage/Counter-protector            | <input type="checkbox"/> 37. Garbage disposal          | <input type="checkbox"/> INSPECTION/ENFORCEMENT              |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control            | <input type="checkbox"/> 44. Inspection/Enforcement          |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 26. Dishwashing facilities                   |  |  |

| ITEM NUMBERS | COMMENTS AND INSTRUCTIONS<br>(continue on attached sheet) |
|--------------|---|
|              | Fridge @ 40°F > OK  |
|              | Freezer @ 5°F > OK  |
|              | Cheese sticks cooked to 180°F @ 10:05 - 167 fford - 17    |
|              | No violation noted  |

HEALTH DEPARTMENT INSPECTOR: Dad Satta PHONE: 823-2514  
 COPY OF REPORT RECEIVED BY: Carma Banks DATE: 10-16-15