

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



1 of 2

**Facility Information**

RESULT: Satisfactory

Permit Number: 55-48-00010  
Name of Facility: ALLEN NEASE HIGH SCHOOL  
Address: 10550 RAY Road  
City, Zip: Saint Augustine 32095  
  
Type: School (9 months or less)  
Owner: ALLEN NEASE HIGH SCHOOL  
Person In Charge: Cathy M Phone: 904-547-8289

Correct By: None  
Re-Inspection Date: None

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/4/2018

Begin Time: 09:30 AM  
End Time: 10:20 AM

**Additional Information**

No Additional Information Available

*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.*

**Violation Markings**

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

**General Comments**

No violations observed during inspection.

Email Address(es): kathryn.argitis@stjohns.k12.fl.us

Inspector Signature:

Client Signature:

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



2 of 2

**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Darren Guffey (54792)  
Inspector Contact Number: Work: (904) 209-3250 ex.  
Print Client Name:  
Date: 9/4/2018

Inspector Signature:

Handwritten signature of Darren Guffey.

Client Signature:

Handwritten signature of the client.