

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



PURPOSE:

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

NAME OF ESTABLISHMENT Althea School
 ADDRESS 25793 Main St. North CITY Althea
 OWNER Colhoue County ZIP 32721
 PERSON IN CHARGE Bella Stewart PHONE 762-3121

RESULTS

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

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

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
9:15A	9:35A	102909	81355	07-48-00005	<input type="checkbox"/> Hospital
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Nursing
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Detention
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Lounge
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 06	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Civic
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 07	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Movie
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 08	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 09	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Residen.
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 10	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Child
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 11	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Limited
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 12	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Other
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 13	<input type="checkbox"/> 00	<input type="checkbox"/> 00	
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 14	<input type="checkbox"/> 00	<input type="checkbox"/> 00	

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. Sneez guards | <input type="checkbox"/> 27. Design and fabrication | 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"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | <input type="checkbox"/> 30. Methods of washing | |
| <input type="checkbox"/> 5. Raw fruits | PERSONNEL | SANITARY FACILITIES AND CONTROLS | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | VENDING MACHINES |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | MANAGER CERTIFICATION |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | CERTIFICATES AND FEES |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 10. Food container | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control | |
| | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

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

No violations noted at time of inspection.

HEALTH DEPARTMENT INSPECTOR: Joe Milligan PHONE: 674-5645 ext 231
 COPY OF REPORT RECEIVED BY: Bella Stewart DATE: 10-29-09