

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



FOOD SERVICE
INSPECTION REPORT

PURPOSE:

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

NAME OF ESTABLISHMENT Sebastian River H.S. Culinary
 ADDRESS 9001 90th Ave. CITY Sebastian
 OWNER IRC School District ZIP 32958
 PERSON IN CHARGE Kick Appel PHONE 564-4170

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END
1:30	2:00
2:05	2:05 AM
3:10	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		
05	19	09
00	00	05
00	00	06
00	00	07
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POSITION #		
51	08	7
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CERTIFICATE NUMBER					
31	-	48	-	001	25
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- TYPE**
- Hospital
 - Nursing
 - Detention
 - Lounge
 - Civic
 - Movie
 - School
 - Residen.
 - Child
 - Limited
 - 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"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS	
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location		
FOOD PROTECTION	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment		<input checked="" type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	PERSONNEL	<input type="checkbox"/> 30. Methods of washing		TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	<input type="checkbox"/> 40. Temporary food service events	
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	VENDING MACHINES	
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 41. Vending machines	
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	MANAGER CERTIFICATION	
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 42. Manager certification	
<input type="checkbox"/> 8. Other animal cooking	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	CERTIFICATES AND FEES	
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 43. Certificates and fees	
<input checked="" type="checkbox"/> 10. Food container <i>prep dates</i>	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	INSPECTION/ENFORCEMENT	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection/Enforcement	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment			
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities			

water leak on hood

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
10.	Place prep dates on all food items in refrigerator or walk ins.
39.	Repair water leak coming off of exhaust hood beam.

HEALTH DEPARTMENT INSPECTOR: Lawrence Broom PHONE: 794-7440
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 5-19-09