

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE



PURPOSE:

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

NAME OF ESTABLISHMENT Medart Elementary

ADDRESS 2558 Coastal Highway **CITY** Crawfordville

OWNER Wakulla County School Board **ZIP** 32327

PERSON IN CHARGE Susan Trice **PHONE** (850) 584-5087

RESULTS

✓ Satisfactory

- Incomplete

- Unsatisfactory

Correct Violations by

- Next Inspection

- 8:00 AM on:

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

- OUT OF BUSINESS

BEGIN	END	DATE			POSITION #					PERMIT NUMBER					TYPE
8 20 AM	8 40 AM	09	13	20	02	96	12	65	48	00	00	9	- Hospital		
1 00	1 00	00	00	95	00	00	00	00	00	00	00	0	- Nursing		
2 05	2 05	11	1	96	11	11	1	11	1	11	11	1	- Detention		
3 10 PM	3 10 PM	2	2	97	2	2	2	2	2	2	2	2	- Lounge		
4 15	4 15	3	3	98	3	3	3	3	3	3	3	3	- Civic		
5	5 20	4	4	99	4	4	4	4	4	4	4	4	- Movie		
6 25	6 25	5	5	00	5	5	5	5	5	5	5	5	- School		
7 30	7 30	6	6	01	6	6	6	6	6	6	6	6	- Residen.		
8 35	8 35	7	7	02	7	7	7	7	7	7	7	7	- Child		
9 40	9	8	8	03	8	8	8	8	8	8	8	8	- Limited		
10 45	10 45	9	9	04	9	9	9	9	9	9	9	9	- Other		
11 50	11 50														
12 55	12 55														

Items marked below violate the requirements of Chapters 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.

- | | | | |
|---|---|---|---|
| <p>FOOD SUPPLIES</p> <ul style="list-style-type: none"> - 1. Sources, etc. <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> - 2. Stored temperature - 3. No further cooking/Rapid cooling - 4. Thawing - 5. Raw fruits - 6. Pork cooking - 7. Poultry cooking - 8. Other animal cooking - 9. Least contact/Reheating - 10. Food container - 11. Buffet requirements - 12. Self-service condiments - 13. Reservice of food | <ul style="list-style-type: none"> - 14. Sneeze guards - 15. Transportation of food - 16. Poisonous Toxics Materials <p>PERSONNEL</p> <ul style="list-style-type: none"> - 17. Exclusion of personnel - 18. Cleanliness - 19. Tobacco use - 20. Handwashing - 21. Handling of dishware <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> - 22. Refrigeration facilities Thermometers - 23. Sinks - 24. Ice storage/Counter-protector - 25. Ventilation/Storage/Sufficient equip. - 26. Dishwashing facilities | <ul style="list-style-type: none"> - 27. Design and fabrication - 28. Installation and location - 29. Cleanliness of equipment - 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> - 31. Water supply - 32. Ice - 33. Sewage - 34. Plumbing - 35. Toilet facilities - 36. Handwashing facilities - 37. Garbage disposal - 38. Vermin control | <p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> - 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> - 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> - 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> - 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> - 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> - 44. Inspection/Enforcement |
|---|---|---|---|

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	See Comments on Next Page....

HEALTH DEPARTMENT INSPECTOR: James Rachal PHONE: _____

COPY OF REPORT RECEIVED BY: Signed DATE: 09/14/2017

FOOD SERVICE FOOD SERVICE FOOD SERVICE

DH 4023, 1/05 (Obsoletes Previous Editions)

CHD / HEADQUARTERS

PERMIT NUMBER: 65-48-00009

INSPECTION DATE: 09/13/2017

Inspector Comments:

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS