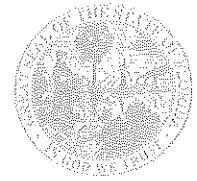


**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE
- REINSPECTION
- CONSTRUCTION
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- QA SURVEY
- OTHER
- OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT MEDBART ELEMENTARY SCHOOL
 ADDRESS 2558 COASTAL HIGHWAY CITY CRAWFORDVILLE
 OWNER WAKULLA COUNTY SCHOOL BOARD ZIP 32327
 PERSON IN CHARGE SUSAN TRICE PHONE 850-926-7137

RESULTS

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

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
11:10	12:15	03 04 16	43484	65-48-00009	<input checked="" type="checkbox"/> School	03 04 16
1:00	1:00				<input type="checkbox"/> Hospital	03 04 16
2:05	2:05 PM				<input type="checkbox"/> Nursing	03 04 16
3:10 PM	3:10				<input type="checkbox"/> Detention	03 04 16
4:15	4:15				<input type="checkbox"/> Lounge	03 04 16
5:20	5:20				<input type="checkbox"/> Civic	03 04 16
6:25	6:25				<input type="checkbox"/> Movie	03 04 16
7:30	7:30				<input type="checkbox"/> Residen.	03 04 16
8:35	8:35				<input type="checkbox"/> Child	03 04 16
9:40	9:40				<input type="checkbox"/> Limited	03 04 16
10:45	10:45				<input type="checkbox"/> Other	03 04 16
11:50	11:50					03 04 16
12:55	12:55					03 04 16

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
# 2	BOILED EGGS TEMPERATURE MEASURED 51°F. - CORRECTED ON SITE (PLACED IN AN ICE BATH).
# 26	PRESSURE CHANGE ON DISH MACHINE BROKEN - MUST CORRECT
# 30	3 COMPARTMENT SINK SANITIZER SOLUTION MEASURED 10ppm - CORRECTED ON SITE (TO 50ppm)

HEALTH DEPARTMENT INSPECTOR: Steph Wilkerson PHONE: 850-926-0400
 COPY OF REPORT RECEIVED BY: Susan Trice DATE: 3/4/2016

MEDART ELEMENTARY SCHOOL

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT



Date 3/4/2016

Identification No. 65-48-000009

Comments and Instructions (Continued from Page 1):

#10 FOOD CONTAINERS STORED ON PALLETS IN WALK-IN FREEZER.
- MUST CORRECT (STORE AT LEAST 6" OFF THE FLOOR)

#37 DUMPRTER LID BENT AND DOES NOT CLOSE PROPERLY.
- MUST CORRECT

FOOD SERVICE: GREEN BEANS 156°F; CORN 140°F; PIZZA 109°F; PIZZA 140°F (INSIDE WARMER); MILK 39°F, expired 3/14/2016;

HAND WASH SINKS HOT WATER TEMPERATURES: #1 163°F; # 138°F.

CHEST COOLER #1 40°F; CHEST COOLER #2 44°F;

REACH-IN COOLER #1 35°F; REACH-IN COOLER #2 38°F;

REACH-IN WARMER #1 170°F; REACH-IN WARMER #2 157°F;

WALK-IN COOLER 38°F; WALK-IN FREEZER -4°F;

DISH MACHINE: PRESSURE; WASH CYCLE 160°F; RINSE CYCLE 185°F;

LIGHT 52 Ft. cd.;

ICE MACHINE CLEAN; SCOOP IN PLACE

DRY STORAGE - NO VIOLATIONS OBSERVED DURING INSPECTION.

Copy of Report Received by

Sue Liu

Inspector

Steph. Whitcomb

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**

*Push
onto table*



- PURPOSE:**
- ROUTINE
 - REINSPECTION
 - CONSTRUCTION
 - CHANGE OF OWNER
 - COMPLAINT
 - CONSULTATION
 - QA SURVEY
 - OTHER
 - OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Medart Eleum
 ADDRESS 2558 Coastal Hwy CITY Crawfordville
 OWNER WCSB ZIP 32327
 PERSON IN CHARGE _____ PHONE 920-7137

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	DATE	DATE
010	010	0105
111	111	1109
12	212	1107
13	313	1108
14	4	1109
15	5	1110
16	6	1111
17	7	1112
18	8	1113
19	9	1114

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
12:20pm	1:00	091415	29612	65-48-00009	<input type="checkbox"/> Hospital
(1) 00	(1) 00				<input type="checkbox"/> Nursing
(2) 05AM	(2) 05AM				<input type="checkbox"/> Detention
(3) 10PM	(3) 10PM				<input type="checkbox"/> Lounge
(4) 15	(4) 15				<input type="checkbox"/> Civic
(5) 20	(5) 20				<input type="checkbox"/> Abovie
(6) 25	(6) 25				<input checked="" type="checkbox"/> School
(7) 30	(7) 30				<input type="checkbox"/> Residen.
(8) 35	(8) 35				<input type="checkbox"/> Child
(9) 40	(9) 40				<input type="checkbox"/> Limited
(10) 45	(10) 45				<input type="checkbox"/> Other
(11) 50	(11) 50				
(12) 55	(12) 55				

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. Noses, etc. | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | <input checked="" type="checkbox"/> 29. Other facilities and operations |
| FOOD PROTECTION | <input type="checkbox"/> 16. Poisonous/toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 2. Stored temperature | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | <input checked="" type="checkbox"/> 30. Temporary food service events |
| <input type="checkbox"/> 3. No further cooking/rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS | VENDING MACHINES |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 5. Raw foods | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | MANAGER CERTIFICATION |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | CERTIFICATES AND FEES |
| <input type="checkbox"/> 8. Other animal cooking | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 9. Least contact Reheating | <input type="checkbox"/> 22. Refrigeration facilities/thermometers | <input type="checkbox"/> 36. Handwashing facilities | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 44. Inspection/enforcement |
| <input type="checkbox"/> 11. Buffet equipments | <input type="checkbox"/> 24. Ice storage/Container-protector | <input type="checkbox"/> 38. Vermin control | |
| <input type="checkbox"/> 12. Self service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| <input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 26. Dishwashing facilities | | |

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

NOTE: As long as bulk sty has containers → no labels OK

NOTE: Need to reseal wooden table to make non-porous

NOTE: Keep all cooler seals clean - or replace.

NOTE: Items stacked in brz are to be 6" off floor so you can clean under them. Wood on floor does not work.

HEALTH DEPARTMENT INSPECTOR: Rachel PHONE: 584-5287
 COPY OF REPORT RECEIVED BY: Hyun Sellers DATE: 9-14-15
 DH Form 3023, 1-05 (Replaces Previous Editions)