



STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE

PURPOSE:

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

NAME OF ESTABLISHMENT River Springs Middle School
 ADDRESS 800 Spring Creek Highway CITY Crawfordville
 OWNER Wakulla County School Board ZIP 32327
 PERSON IN CHARGE Ingrid Funerburke 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 | | | | | | |
|---------|---------|------|---|----|------------|---|---|---|---|---------------|---|---|---|------|---|---|---|---|---|-------------|
| 10 5 AM | 1025 AM | 0 | 9 | 20 | 0 | 2 | 9 | 6 | 1 | 2 | 6 | 5 | 4 | 8 | 0 | 0 | 0 | 2 | 4 | - Hospital |
| 1 00 | 1 00 | 0 | 0 | 95 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - Nursing |
| 2 05 | 2 05 | 1 | 1 | 96 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | - Detention |
| 3 10 PM | 3 10 PM | 2 | 2 | 97 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | - Lounge |
| 4 15 | 4 15 | 3 | 3 | 98 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | - Civic |
| 5 20 | 5 20 | 4 | 4 | 99 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | - Movie |
| 6 25 | 6 | 5 | 5 | 00 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | - School |
| 7 30 | 7 30 | 6 | 6 | 01 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | - Residen |
| 8 35 | 8 35 | 7 | 7 | 02 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | - Child |
| 9 40 | 9 40 | 8 | 8 | 03 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | - Limited |
| 11 50 | 11 50 | 9 | 9 | 04 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | - Other |
| 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.

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

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: 65-48-00024

INSPECTION DATE: 09/13/2017

Inspector Comments:

| ITEM NUMBERS | COMMENTS AND INSTRUCTIONS |
|-----------------|---------------------------|
| | |