

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



**PURPOSE:**

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

**FOOD SERVICE  
INSPECTION REPORT**

**NAME OF ESTABLISHMENT** RIVER SPRINGS MIDDLE SCHOOL  
**ADDRESS** 800 SPRING CREEK HIGHWAY CRAWFORDVILLE  
**OWNER** WAKULLA COUNTY SCHOOL BOARD **ZIP** 32327  
**PERSON IN CHARGE** INGRID FUNDERBURKE **PHONE** 850-926-2300

**RESULTS**

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

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
10:40	12:30	03/22/16	43484	65-48-00024	<input checked="" type="checkbox"/> School	03/22/16
1:00	1:00				<input type="checkbox"/> Hospital	04/01/05
2:05	2:05				<input type="checkbox"/> Nursing	11/11/06
3:10	3:10				<input type="checkbox"/> Detention	12/20/07
4:15	4:15				<input type="checkbox"/> Lounge	13/30/08
5:20	5:20				<input type="checkbox"/> Cyle	14/14/09
6:25	6:25				<input type="checkbox"/> Movie	15/15/10
7:30	7:30				<input checked="" type="checkbox"/> School	16/16/11
8:35	8:35				<input type="checkbox"/> Residen.	17/17/12
9:40	9:40				<input type="checkbox"/> Child	18/18/13
10:45	10:45				<input type="checkbox"/> Limited	19/19/14
11:50	11:50				<input type="checkbox"/> Other	
12:55	12:55				<input type="checkbox"/> OUT OF BUSINESS	

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 checked="" type="checkbox"/> 1. Sponges, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and lubrication	<b>OTHER FACILITIES AND OPERATIONS</b>
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input checked="" type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 3. No further cooking/rapid cooling	<input type="checkbox"/> 16. Poisonous/toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 4. Thawing	<b>PERSONNEL</b>	<input checked="" type="checkbox"/> 30. Method of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<b>MANAGER CERTIFICATION</b>
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/bleeding	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<b>CERTIFICATES AND FEES</b>
<input checked="" type="checkbox"/> 10. Food container	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/thermometers	<input type="checkbox"/> 36. Handwashing facilities	<b>INSPECTION/ENFORCEMENT</b>
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/enforcement
<input type="checkbox"/> 13. Re-service of food	<input type="checkbox"/> 24. Ice storage/Counter protector	<input type="checkbox"/> 38. Vermin control	
	<input checked="" type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#1	SEVERELY DENTED CAN OF CASA SOLANA FRIDLES OBSERVED IN DRY STORAGE - MUST DISCARD
#10	FOOD STORED ON WOODEN PALLET IN WALK-IN FREEZER AND WALK-IN COOKER THAT ARE NOT 6 HIGH - MUST CORRECT
#26	PRESSURE GAUGE ON DWH MACHINE REGISTER 29psi -
HEALTH DEPARTMENT INSPECTOR:	<i>Ingrid Funderburke</i> PHONE: 850-926-0400
COPY OF REPORT RECEIVED BY:	<i>Ingrid Funderburke</i> DATE: 3/22/16

RIVER SPRINGS MIDDLE SCHOOL

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT



Date 3/22/16

Identification No. 65-48-00024

Comments and Instructions (Continued from Page 1):

- MUST CHECK AND CORRECT

#30 3 COMPARTMENT SINK SANITIZER SOLUTION MEASURED

200 ppm - CORRECTED ON SITE

#39 DUST BUILD UP OBSERVED ON HIGH VELOCITY FAN

- MUST CLEAN

#39 - STAINED CEILING TILE OBSERVED IN KITCHEN-

MUST CORRECT

FOOD SERVICE: CORN 177°F, BROCCOLI 168°F, PIZZA 167°F

ENCHILADAS 134°F (WAS AT 140°F AT 10:40 am) MILK 32°F <sup>C&P</sup> 3/23/16

HAND WASH SINKS HOT WATER TEMPERATURES: #1 144°F,

#2 144°F, #3 135°F, #4 153°F;

CHEST COOLER #1 38°F, CHEST COOLER #2 44°F - MILK 32°F

REACH-IN COOLERS: #1 41°F #2 - , #3 40°F

REACH-IN WARMERS: #1 171°F, #2 144°F; #3 147°F

WALK-IN FREEZER 7°F; WALK-IN COOLER 32°F

LIGHTS 71% cd;

DUMPSTER PROPERLY OPERATED

N.B. MUST NOT USE ICE FROM MACHINE IN CUSTODIAN AREA!

Copy of Report Received by Ingrid Franderbake Inspector [Signature]