

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



**PURPOSE:**

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

**FOOD SERVICE**

Temp. Rec. Dishwasher Temperature Test Strip L5110K-9266

PASS WHEN BLUE BAR TURNS ORANGE 160°F Date: 2/22/16  
IS ACCEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA (71°C) Emp: E. Williams

NAME OF ESTABLISHMENT SHADEVILLE ELEMENTARY  
 ADDRESS 45 WARRIOR WAY CITY CRAWFORDVILLE  
 OWNER WAKULLA COUNTY SCHOOL BOARD ZIP 32327  
 PERSON IN CHARGE PATRICIA BAKER PHONE 850-926-8222

**RESULTS**

- Satisfactory
  - Incomplete
  - Unsatisfactory
- Correct Violations by
- Next Inspection
  - 8:00 AM on:
- | DATE |     |      |
|------|-----|------|
| 010  | 010 | 0105 |
| 101  | 101 | 006  |
| 2    | 202 | 007  |
| 3    | 303 | 008  |
| 4    | 4   | 009  |
| 5    | 5   | 010  |
| 6    | 6   | 011  |
| 7    | 7   | 012  |
| 8    | 8   | 013  |
| 9    | 9   | 014  |
- OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:10					
1:00	1:00				
2:05 AM	2:05 AM	022216	43484	65-48-00006	<input type="checkbox"/> Hospital
3:10 PM	3:10 PM				<input type="checkbox"/> Nursing
4:15	4:15				<input type="checkbox"/> Detention
5:20	5:20				<input type="checkbox"/> Lounge
6:25	6:25				<input type="checkbox"/> Civic
7:30	7:30				<input type="checkbox"/> Movie
8:35	8:35				<input checked="" type="checkbox"/> School
9:40	9:40				<input type="checkbox"/> Residen.
10:45	10:45				<input type="checkbox"/> Child
11:50	11:50				<input type="checkbox"/> Limited
12:55	12:55				<input type="checkbox"/> 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.

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> 1. Sources, etc.         | <input type="checkbox"/> 14. Squeeze grinds                           | <input type="checkbox"/> 27. Design and fabrication        | <b>OTHER FACILITIES AND OPERATIONS</b>                                  |
| <b>FOOD PROTECTION</b>                                       | <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"/> 2. Stored temperature               | <input type="checkbox"/> 16. Poisons/toxic materials                  | <input type="checkbox"/> 29. Cleanliness of equipment      | <b>TEMPORARY FOOD SERVICE EVENTS</b>                                    |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <b>PERSONNEL</b>  | <input checked="" type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> 40. Temporary food service events              |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES AND CONTROLS</b>                    | <b>VENDING MACHINES</b>   |
| <input type="checkbox"/> 5. Raw fruits                       | <input checked="" type="checkbox"/> 18. Cleanliness                   | <input type="checkbox"/> 31. Water supply                  | <input type="checkbox"/> 41. Vending machines                           |
| <input type="checkbox"/> 6. Park cooking                     | <input type="checkbox"/> 19. Tobacco use                              | <input type="checkbox"/> 32. Ice                           | <b>MANAGER CERTIFICATION</b>  |
| <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 dishware                     | <input type="checkbox"/> 34. Plumbing                      | <b>CERTIFICATES AND FEES</b>  |
| <input type="checkbox"/> 9. Least contact/Reheating          | <b>EQUIPMENT/UTENSILS</b>   | <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        | <b>INSPECTION/ENFORCEMENT</b>   |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 23. Sinks                                    | <input checked="" type="checkbox"/> 37. Garbage disposal   | <input type="checkbox"/> 44. Inspection/Enforcement                     |
| <input type="checkbox"/> 12. Self-service containers         | <input type="checkbox"/> 24. Ice storage/Counter protector            | <input type="checkbox"/> 38. Vermin control                |   |
| <input type="checkbox"/> 13. Reserve of food                 | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment |  |   |
|  | <input checked="" type="checkbox"/> 26. Dishwashing facilities        |  |   |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
# 1	BREAD IN WALK-IN COOLER HAS EXPIRATION DATE OF 2/14/16 - MUST DISCARD
# 10	TACOS IN WALKIN COOLER NOT LABELLED - MUST CORRECT
# 18	KITCHEN WORKER NOT WEARING HAIRNET - MUST CORRECT
# 26	DISHWASHING MACHINE FINALTERMperature GAUGE NOT WORKING - MUST CORRECT

HEALTH DEPARTMENT INSPECTOR: E. Williams PHONE: 850-926-0400  
 COPY OF REPORT RECEIVED BY: Patricia Baker DATE: 2/22/16

S ADEVILLE ELEMENTARY

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT



Date 2/27/2016

Identification No. 65-98-00006

Comments and Instructions (Continued from Page 1):

#30 3 COMPARTMENT SINK SANITIZER SOLUTION MEASURED 200ppm  
- CORRECTED DILUTE

#37 DUMPSTER LID MISSING - MUST CORRECT

#39 BURNT OUT HOOD LAMP - MUST REPLACE

#39 HEAVY DUST BUILDUP OBSERVED ON OSCILLATING FAN -  
MUST CLEAN

#39 DRYER EXHAUST NOT CONNECTED TO THE EXTERIOR -  
MUST CORRECT

FOOD SERVICE:

BROCCOLI 155

GREEN BEANS 150

MACCARRONI & CHEESE 150

HAND WASH SINK HOT WATER 127°F

Copy of Report Received by

Patricia Baker Inspector

[Signature]





STATE OF FLORIDA  
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COUNTY HEALTH DEPARTMENT  
FOOD SERVICE  
INSPECTION REPORT



2 of 2

Violations Comments Section

39. Other facilities and operations

replace seal on w/ l cooler

clean seal on milk cooler

Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.


Inspection Conducted By: James Rachal (29612)

Phone: (850) 584-5087 ex.

Received By: Signed

Date: 9/14/2015

Inspector Signature:

J Rachal 

Client Signature:

Patrica Baker by 