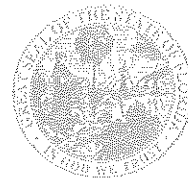


**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT WAKULLA EDUCATIONAL CENTER
 ADDRESS 87 ANDREW J. HARGRETT ST. ROAD CRAWFORDVILLE
 OWNER WAKULLA COUNTY SCHOOL BOARD ZIP 32327
 PERSON IN CHARGE LAURA WHEATCRAFT PHONE 850-926-1694

RESULTS

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

BEGIN	END
1:05	12:10
1:00	1:00
2:05	2:05
3:05	3:05
4:05	4:05
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
05/03/16
01/01/05
11/01/06
02/21/07
03/31/08
04/14/09
05/15/10
06/16/11
07/17/12
08/18/13
09/19/14

POSITION #
42484
0101010101
1101010101
2102121021
3103131031
4104141041
5105151051
6106161061
7107171071
8108181081
9109191091

CERTIFICATE NUMBER
65-48-00012
0101010101
1101010101
2102020202
3103030303
4104040404
5105050505
6106060606
7107070707
8108080808
9109090909

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
01/01/05
01/01/06
02/21/07
03/31/08
04/14/09
05/15/10
06/16/11
07/17/12
08/18/13
09/19/14
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 type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES AND OPERATIONS |
| FOOD PROTECTION | <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. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 3. To further cooking/rapid cooling | PERSONNEL | <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 | SANITARY FACILITIES AND CONTROLS | VENDING MACHINES |
| <input type="checkbox"/> 5. Raw meats | <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 dishware | <input checked="" 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. Sinks | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 44. Inspection/enforcement |
| <input type="checkbox"/> 12. Self-service condiments | <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 type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

#10 FOOD TEMP STORED ON PALLETS IN WALKIN FREEZER THAT ARE NOT 6 INCHES OFF THE FLOOR - MUST CORRECT

#30 3 COMPARTMENT SINK BANITIZER SOLUTION MEASURED 200ppm - CORRECTED ON SITE

#34 AIR CAP MISSING FROM 3 COMPARTMENT SINK DRAINAGE -

HEALTH DEPARTMENT INSPECTOR:

[Handwritten Signature]

PHONE: 850-926-0400

COPY OF REPORT RECEIVED BY:

[Handwritten Signature]

DATE: 5/3/2016



Date 5/3/2016

Identification No. 65-48-00012

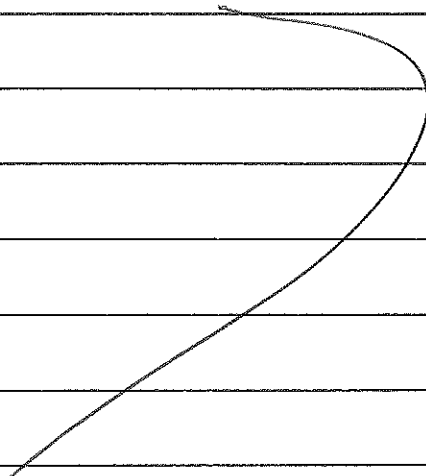
Comments and Instructions (Continued from Page 1):

- MUST CORRECT

#39 DUST BUILD UP OBSERVED ON OSCILLATING FANS -
MUST CLEAN

#39 BURNT OUT BULBS OBSERVED UNDER THE HOOD -
MUST REPLACE

HAND WASH SINK HOT WATER TEMPERATURE 127°F,
DRY STORAGE 72°F; WALK-IN FREEZER -6°F;
REACH-IN COOLER 34°F; DUMPSTER PROPERLY OPERATED;
ICE MACHINE CLEAN, ICE SCOOP IN PLACE



Copy of Report Received by

[Handwritten Signature]

Inspector

[Handwritten Signature]