

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



**PURPOSE:**

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

**FOOD SERVICE  
INSPECTION REPORT**

**NAME OF ESTABLISHMENT** Anderson Elementary  
**ADDRESS** 815 SE Hwy 351      **CITY** Cross City  
**OWNER** DOS      **ZIP** 32628  
**PERSON IN CHARGE** Gina Langford      **PHONE** 498-6229

**RESULTS**

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

BEGIN	END
11 15	11 50
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE
12 07 17
<input type="checkbox"/> 0 0 0 0 05
<input type="checkbox"/> 1 1 1 1 06
<input type="checkbox"/> 2 2 2 2 07
<input type="checkbox"/> 3 3 3 3 08
<input type="checkbox"/> 4 4 4 4 09
<input type="checkbox"/> 5 5 5 5 10
<input type="checkbox"/> 6 6 6 6 11
<input type="checkbox"/> 7 7 7 7 12
<input type="checkbox"/> 8 8 8 8 13
<input type="checkbox"/> 9 9 9 9 14

POSITION #
29905
<input type="checkbox"/> 0 0 0 0 0
<input type="checkbox"/> 1 1 1 1 1
<input type="checkbox"/> 2 2 2 2 2
<input type="checkbox"/> 3 3 3 3 3
<input type="checkbox"/> 4 4 4 4 4
<input type="checkbox"/> 5 5 5 5 5
<input type="checkbox"/> 6 6 6 6 6
<input type="checkbox"/> 7 7 7 7 7
<input type="checkbox"/> 8 8 8 8 8
<input type="checkbox"/> 9 9 9 9 9

CERTIFICATE NUMBER
15 - 48 - 01026
<input type="checkbox"/> 0 0 0 0 0 0 0
<input type="checkbox"/> 1 1 1 1 1 1 1
<input type="checkbox"/> 2 2 2 2 2 2 2
<input type="checkbox"/> 3 3 3 3 3 3 3
<input type="checkbox"/> 4 4 4 4 4 4 4
<input type="checkbox"/> 5 5 5 5 5 5 5
<input type="checkbox"/> 6 6 6 6 6 6 6
<input type="checkbox"/> 7 7 7 7 7 7 7
<input type="checkbox"/> 8 8 8 8 8 8 8
<input type="checkbox"/> 9 9 9 9 9 9 9

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

DATE
<input type="checkbox"/> 0 0 0 0 05
<input type="checkbox"/> 1 1 1 1 06
<input type="checkbox"/> 2 2 2 2 07
<input type="checkbox"/> 3 3 3 3 08
<input type="checkbox"/> 4 4 4 4 09
<input type="checkbox"/> 5 5 5 5 10
<input type="checkbox"/> 6 6 6 6 11
<input type="checkbox"/> 7 7 7 7 12
<input type="checkbox"/> 8 8 8 8 13
<input type="checkbox"/> 9 9 9 9 14
<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.*

<b>FOOD SUPPLIES</b>	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b>
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
<b>FOOD PROTECTION</b>	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 2. Stored temperature	<b>PERSONNEL</b>	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>
<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 fruits	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<b>MANAGER CERTIFICATION</b>
<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	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 8. Other animal cooking	<b>EQUIPMENT/UTENSILS</b>	<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	<b>INSPECTION/ENFORCEMENT</b>
<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 requirements	<input type="checkbox"/> 24. Ice storage/Counter-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. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
✓	NO violations found
*	

**HEALTH DEPARTMENT INSPECTOR:** Kyle Basa      **PHONE:** 514-9092  
**COPY OF REPORT RECEIVED BY:** Langford      **DATE:** 12/7/17