

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



PURPOSE:

- REPAIRS
- CONSTRUCT
- COMPLAINT
- SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- SUBSTITUTION
- OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Key West High School
 ADDRESS 2100 Flagler Ave CITY Key West
 OWNER MCSB ZIP 33040
 PERSON IN CHARGE Georgette Robertson PHONE 293-1539

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
05/05/08
05/06/08
05/07/08
05/08/08
05/09/08
05/10/08
05/11/08
05/12/08
05/13/08
05/14/08

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:00	11:00	05/10/18	69786	44-48-00157	<input checked="" type="checkbox"/> School
11:00	12:00				<input type="checkbox"/> Hospital
12:00	1:00				<input type="checkbox"/> Nursing
1:00	2:00				<input type="checkbox"/> Dispensary
2:00	3:00				<input type="checkbox"/> Lounge
3:00	4:00				<input type="checkbox"/> Clinic
4:00	5:00				<input type="checkbox"/> Mobile
5:00	6:00				<input type="checkbox"/> Residency
6:00	7:00				<input type="checkbox"/> Child
7:00	8:00				<input type="checkbox"/> Unlabeled
8:00	9:00				<input type="checkbox"/> Other

Violations of the provisions of Chapter 46B of the Florida Administrative Code and/or the corresponding provisions of the Florida Statutes, including the provisions of Chapter 46B-15, Florida Administrative Code and Chapters 46B-15.01, Florida Statutes, shall be considered to be violations of the provisions of the Florida Administrative Code and/or the Florida Statutes, and the appropriate legal action will be initiated.

<p>FOOD SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Storage time <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2. Storage temperature <input type="checkbox"/> 3. No further cooking. Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Hot hold <input type="checkbox"/> 6. Cold holding <input type="checkbox"/> 7. Priority handling <input type="checkbox"/> 8. Outer container labeling <input type="checkbox"/> 9. Label content/labeling <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Reducing organisms <input type="checkbox"/> 12. Self-service conditions <input type="checkbox"/> 13. Reservoir of food 	<ul style="list-style-type: none"> <input type="checkbox"/> 14. Service panels <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/Toxic materials <p>PERSONNEL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 17. Absence of personnel <input type="checkbox"/> 18. Compliance <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishes <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Hot storage/Outdoor protector <input type="checkbox"/> 25. Ventilation/Storage/Suffocation equipment <input type="checkbox"/> 26. Dishwashing facilities 	<ul style="list-style-type: none"> <input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Toilets <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control 	<p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/Enforcement
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COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS

Freezer 21°, Walk in 30°
 Corn 195°, Mashed Potatoes 178°
 Milk 35°, Juice 31°
 Salads 34°, Sandwiches 36°
 Sanitizer 200ppm

HEALTH DEPARTMENT SIGNATURE: Carlini [Signature] PHONE: 809-5676
 COUNTY HEALTH DEPARTMENT SIGNATURE: [Signature] DATE: 5/10/18