

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



**FOOD SERVICE
INSPECTION REPORT**

PURPOSE:

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

NAME OF ESTABLISHMENT Plantation Key School

ADDRESS 100 LAKE ROAD **CITY** Tavernier

OWNER Monroe County School Board **ZIP** 33070

PERSON IN CHARGE ~~Diana~~ **PHONE** 305-835-3222

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
9:00	10:45	02/21/18	311281	44-48-00252	<input checked="" type="checkbox"/> School
1:00	1:00	02/21/18	000000	000000	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	02/21/18	000000	000000	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	02/21/18	000000	000000	<input type="checkbox"/> Detention
4:15	4:15	02/21/18	000000	000000	<input type="checkbox"/> Lounge
5:20	5:20	02/21/18	000000	000000	<input type="checkbox"/> Clinic
6:25	6:25	02/21/18	000000	000000	<input type="checkbox"/> Mobile
7:30	7:30	02/21/18	000000	000000	<input checked="" type="checkbox"/> School
8:35	8:35	02/21/18	000000	000000	<input type="checkbox"/> Resident
9:40	9:40	02/21/18	000000	000000	<input type="checkbox"/> Child
10:45	10:45	02/21/18	000000	000000	<input type="checkbox"/> Limited
12:55	12:55	02/21/18	000000	000000	<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.

<p>FOOD SUPPLIES</p> <p><input type="checkbox"/> 1. Sanitary</p> <p>FOOD PROTECTION</p> <p><input type="checkbox"/> 2. Storage temperature</p> <p><input type="checkbox"/> 3. No further cooking/Rapid cooling</p> <p><input type="checkbox"/> 4. Thawing</p> <p><input type="checkbox"/> 5. Raw meats</p> <p><input type="checkbox"/> 6. Peel cooking</p> <p><input type="checkbox"/> 7. Pot lids covering</p> <p><input type="checkbox"/> 8. Other animal cooking</p> <p><input type="checkbox"/> 9. Teas, contact Reheating</p> <p><input type="checkbox"/> 10. Food container</p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 13. Reserve of food</p>	<p><input type="checkbox"/> 14. Sneeze guards</p> <p><input type="checkbox"/> 15. Transportation/Unload</p> <p><input type="checkbox"/> 16. Potentially toxic material</p> <p>PERSONNEL</p> <p><input type="checkbox"/> 17. Exclusion of personnel</p> <p><input type="checkbox"/> 18. Cleanliness</p> <p><input type="checkbox"/> 19. Tobacco use</p> <p><input type="checkbox"/> 20. Handwashing</p> <p><input type="checkbox"/> 21. Handling of dirty ware</p> <p>EQUIPMENT/UTENSILS</p> <p><input type="checkbox"/> 22. Refrigeration facilities Thermometers</p> <p><input type="checkbox"/> 23. Sinks</p> <p><input type="checkbox"/> 24. Ice storage Container protector</p> <p><input type="checkbox"/> 25. Ventilation/Storage Sufficient equipment</p> <p><input type="checkbox"/> 26. Dishwashing facilities</p>	<p><input type="checkbox"/> 27. Design and fabrication</p> <p><input type="checkbox"/> 28. Installation and operation</p> <p><input type="checkbox"/> 29. Cleanliness of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p><input type="checkbox"/> 31. Water supply</p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage</p> <p><input type="checkbox"/> 34. Plumbing</p> <p><input type="checkbox"/> 35. Toilet facilities</p> <p><input type="checkbox"/> 36. Handwashing facilities</p> <p><input type="checkbox"/> 37. Garbage disposal</p> <p><input type="checkbox"/> 38. Vermin control</p>	<p>OTHER FACILITIES AND OPERATIONS</p> <p><input type="checkbox"/> 39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS</p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p>VENDING MACHINES</p> <p><input type="checkbox"/> 41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p><input type="checkbox"/> 42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p>
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ITEM NUMBERS **COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

Baker Beans 100F / Milk - March 5 and 6+

Hot food - Chicken Nuggets - 165 F

Fridge - 3 F

Walk-in fridge - 40 F

~~10/12 10:00 AM - 11:00 AM - 10:00 AM - 11:00 AM - 10:00 AM - 11:00 AM~~

HEALTH DEPARTMENT INSPECTOR Joshua Atkins PHONE 305-453-6756

COPY OF REPORT RECEIVED BY M. Dowdy DATE 2/21/18

Margerie Dowdy

CHD HEADQUARTERS