

**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**

RESULTS

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

DATE

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

OUT OF BUSINESS

NAME OF ESTABLISHMENT Sugarloaf Elementary
ADDRESS B7 Crane Blvd **CITY** Sugarloaf
OWNER MCSD **ZIP** 33044
PERSON IN CHARGE Sue Merkey **PHONE** 305-745-3282

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:15	11:00	05/17/18	69786	44-48-00153	<input type="checkbox"/> Hospital
1:00	1:00				<input type="checkbox"/> Nursing
2:05	2:05				<input type="checkbox"/> Detention
3:10	3:10				<input type="checkbox"/> Lounge
4:15	4:15				<input type="checkbox"/> Civic
5:20	5:20				<input type="checkbox"/> Movie
6:25	6:25				<input checked="" type="checkbox"/> School
7:30	7:30				<input type="checkbox"/> Resident
8:35	8:35				<input type="checkbox"/> Child
9:40	9:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
12:55	12:55				

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 Chapter 381 and 382, Florida Statutes. Corrective action must be completed by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

- | | | | |
|--|--|--|--|
| FOOD SUPPLIES
<input type="checkbox"/> 1. Sources, etc.
FOOD PROTECTION
<input type="checkbox"/> 2. Stored temperature
<input type="checkbox"/> 3. No further cooking/Rapid cooling
<input type="checkbox"/> 4. Thawing
<input type="checkbox"/> 5. Raw meats
<input type="checkbox"/> 6. Pork cooking
<input type="checkbox"/> 7. Poultry cooking
<input type="checkbox"/> 8. Other animal cooking
<input type="checkbox"/> 9. Least contact reheating
<input type="checkbox"/> 10. Food container
<input type="checkbox"/> 11. Buffer requirements
<input type="checkbox"/> 12. Self-service condiments
<input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 14. Sneeze guards
<input type="checkbox"/> 15. Transportation of food
<input type="checkbox"/> 16. Poisonous/Toxic materials
PERSONNEL
<input type="checkbox"/> 17. Exclusion of personnel
<input type="checkbox"/> 18. Cleanliness
<input type="checkbox"/> 19. Tobacco use
<input type="checkbox"/> 20. Handwashing
<input type="checkbox"/> 21. Handling of dishware
EQUIPMENT/TENSILS
<input type="checkbox"/> 22. Refrigeration facilities/Thermometers
<input type="checkbox"/> 23. Sinks
<input type="checkbox"/> 24. Ice storage/Coasters/protector
<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment
<input type="checkbox"/> 26. Dishwashing facilities | <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
SANITARY FACILITIES AND CONTROLS
<input type="checkbox"/> 31. Water supply
<input type="checkbox"/> 32. Ice
<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 | OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 39. Other facilities and operations
TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 40. Temporary food service events
VENDING MACHINES
<input type="checkbox"/> 41. Vending machines
MANAGER CERTIFICATION
<input type="checkbox"/> 42. Manager certification
CERTIFICATES AND FEES
<input type="checkbox"/> 43. Certificates and fees
INSPECTION/ENFORCEMENT
<input type="checkbox"/> 44. Inspection/Enforcement |
|--|--|--|--|

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS: _____
 Sanitizer - 200 ppm (manually added)
 Meatballs - 179°, 182° Warmer 186°
 Milk + Juice - 37°, 38°, 39° Prep Fridge 33°
 Under counter freezer 16°, Freezer - 6°
 Walk-in 32°

HEALTH DEPARTMENT INSPECTOR: Carlin Fleg PHONE: 809-5676
 COPY OF REPORT RECEIVED BY: S. Merkey DATE: 5/17/18

DH Form 4023, 1-05 (Obsoletes Previous Editions)