

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT**



PURPOSE:

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

NAME OF ESTABLISHMENT Dillard Str. E.S.
 ADDRESS 311 W. Dillard Str. CITY W.G.
 OWNER O.C.P.S. ZIP 32187
 PERSON IN CHARGE Secret Olive PHONE 407

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
01/01/05
01/02/05
01/03/05
01/04/05
01/05/05
01/06/05
01/07/05
01/08/05
01/09/05
01/10/05
01/11/05
01/12/05
01/13/05
01/14/05

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
01:00	01:00	02/12/05	817065	48-48-02215	<input type="checkbox"/> Hospital
02:05 AM	02:05 AM				<input type="checkbox"/> Nursing
03:00 AM	03:00 PM				<input type="checkbox"/> Detention
04:05	04:05				<input type="checkbox"/> Lounge
05:00	05:00				<input type="checkbox"/> Civic
06:05	06:05				<input type="checkbox"/> Movie
07:00	07:00				<input type="checkbox"/> School
08:05	08:05				<input type="checkbox"/> Resident
09:00	09:00				<input type="checkbox"/> Child
10:05	10:05				<input type="checkbox"/> Limited
11:00	11:00				<input type="checkbox"/> Other
12:05	12:05				

*Items marked with * indicate the requirements of Chapter 64E-21 of the Florida Administrative Code and must be corrected. Continued operation of the facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 388 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. Storage aids | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES |
| FOOD PROTECTION | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | AND OPERATIONS |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 3. No further cooking/heat cooling | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | TEMPORARY FOOD |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES | SERVICE EVENTS |
| <input type="checkbox"/> 5. Raw fruit | <input type="checkbox"/> 18. Cleanliness | AND CONTROLS | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 31. Water supply | VENDING MACHINES |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 32. Ice | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 33. Sewage | MANAGER CERTIFICATION |
| <input type="checkbox"/> 9. Lease contact/Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 34. Flooding | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 22. Refrigeration facilities/thermometers | <input type="checkbox"/> 35. Toilet facilities | CERTIFICATES AND FEES |
| <input type="checkbox"/> 11. Buffer requirements | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 36. Handwashing facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 37. Garbage disposal | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 25. Ventilation/storage-efficient equipment | <input type="checkbox"/> 38. Vermin control | |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>satisfactory at this time</u>

HEALTH DEPARTMENT INSPECTOR: W.D. Street PHONE: 321 689 1700
 COPY OF REPORT RECEIVED BY: Secret Olive DATE: 2/12/05
 DH Form 4023, 1/05 (Obsoletes Previous Editions)