

**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: Grand Ridge School
ADDRESS: 6500 E. Louisa Street **CITY:** Sumner
OWNER: Adexia / JCSB **ZIP:** 32452
PERSON IN CHARGE: Antonia Stovell **PHONE:** 913-251-1234

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

BEGIN	END
11:00	11:00
11:05	11:05
11:10	11:10
11:15	11:15
11:20	11:20
11:25	11:25
11:30	11:30
11:35	11:35
11:40	11:40
11:45	11:45
11:50	11:50
11:55	11:55

DATE
11-18-11
11-19-11
11-20-11
11-21-11
11-22-11
11-23-11
11-24-11
11-25-11
11-26-11
11-27-11
11-28-11
11-29-11
11-30-11

MONTH
NOV-11
DEC-11
JAN-12
FEB-12
MAR-12
APR-12
MAY-12
JUN-12
JUL-12
AUG-12
SEP-12
OCT-12
NOV-12
DEC-12

TIME
05-00-07
06-00-07
07-00-07
08-00-07
09-00-07
10-00-07
11-00-07
12-00-07
13-00-07
14-00-07

- Hospital
- Nursing
- Detention
- Lounge
- Civic
- Movie
- School
- Residen.
- Child
- Limited
- Other

TIME	STATUS
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	
<input type="checkbox"/> OUT OF BUSINESS	

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES AND OPERATIONS |
| FOOD PROTECTION | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS | VENDING MACHINES |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | MANAGER CERTIFICATION |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | CERTIFICATES AND FEES |
| <input type="checkbox"/> 9. Least contact/Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control | |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: Tetiana Stovell **PHONE:** 432-5257
COPY OF REPORT RECEIVED BY: Tetiana Stovell **DATE:** 04-18-11