

**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 Hope School / Sodexo
 ADDRESS 2031 Hope School Rd CITY Marianna
 OWNER Sodexo / JCSB ZIP 32448
 PERSON IN CHARGE Donna Craft PHONE 982-9616

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
11:00	11:30	04/12/11	40769	32-48-10008	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input checked="" type="checkbox"/> School <input type="checkbox"/> Residen. <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other
11:00	11:00				
12:05	2:05				
1:00	2:00				
2:15	4:15				
5:20	5:20				
6:25	6:25				
7:30	7:30				
8:35	8:35				
9:40	9:40				
10:45	10:45				
11:50	11:50				
12:55	12:55				

None of the items 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 384 and 386, Florida Statutes. Violations must be corrected to 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. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	PERSONNEL	SANITARY FACILITIES AND CONTROLS	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	VENDING MACHINES
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/Reheating	EQUIPMENT/UTENSILS	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	4-12-11