

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Alternative School - Culinary
ADDRESS 4680 28th Ct. **CITY** Vero Beach
OWNER IKC School District **ZIP** 32967
PERSON IN CHARGE Betsy Harrison **PHONE** 564-3648

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
12:50	1:30	11/18/08	51087	31-48-00317	School
00:00	00:00				Hospital
01:05	02:05				Nursing
03:10	03:10				Detention
04:15	04:15				Lounge
05:20	05:20				Civic
06:25	06:25				Movie
07:30	07:30				Residen.
08:35	08:35				Child
09:40	09:40				Limited
10:45	10:45				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 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.

FOOD SUPPLIES <input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location	OTHER FACILITIES AND OPERATIONS <input checked="" type="checkbox"/> 39. Other facilities and operations
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 fruits <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 checked="" type="checkbox"/> 10. Food container	<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/UTENSILS <input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometry <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities	<input checked="" 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 checked="" type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control	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

exhaust hood

*No eating in kitchen area
Handwash @ handwash sink*

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
10.	Remove food (milk) by expiration date. (corrected onsite).
10.	Label all bulk food containers when removed from package
22.	Maintain thermometer inside of salad bar cart.
36.	Handwashing sink shall not be obstructed.
39.	Clean exhaust hood over grill.

HEALTH DEPARTMENT INSPECTOR: Lauren Droom PHONE: 794-7446
 COPY OF REPORT RECEIVED BY: Betsy Harrison DATE: 11-18-08