

**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 Glendale Elementary
ADDRESS 4940 8th St. **CITY** Vero Beach
OWNER IRC School District **ZIP** 32960
PERSON IN CHARGE Zaida Alcanz **PHONE** 978-8050

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:15	12:00	12/02/08	45812	31-48-00005	School
00:00	00:00				<input type="checkbox"/> Hospital
01:05	01:05				<input type="checkbox"/> Nursing
02:10	02:10				<input type="checkbox"/> Detention
03:15	03:15				<input type="checkbox"/> Lounge
04:20	04:20				<input type="checkbox"/> Civic
05:25	05:25				<input type="checkbox"/> Movie
06:30	06:30				<input checked="" type="checkbox"/> School
07:35	07:35				<input type="checkbox"/> Residen.
08:40	08:40				<input type="checkbox"/> Child
09:45	09:45				<input type="checkbox"/> Limited
10:50	10:50				<input type="checkbox"/> Other
11:55	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"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 27. Design and fabrication
<input type="checkbox"/> 28. Installation and location
<input type="checkbox"/> 29. Cleanliness of equipment | 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 type="checkbox"/> 10. Food container
<input type="checkbox"/> 11. Buffet requirements
<input type="checkbox"/> 12. Self-service condiments
<input type="checkbox"/> 13. Reservice of food | 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 | SANITARY FACILITIES AND CONTROLS
<input type="checkbox"/> 30. Methods of washing
<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 | 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 |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
39	pizza - 141°, turkey - 155°, gravy - 160°, milk - 40°, chicken - 140° Repair broken tile floor in walk-in refrigerator in front of freezer.

HEALTH DEPARTMENT INSPECTOR: Dr. Stacy Pressley **PHONE:** 794-7440
COPY OF REPORT RECEIVED BY: Zaida Alcanz **DATE:** 12/2/08