

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 31-48-00120
Name of Facility: Sebastian River High School
Address: 9001 90 Avenue
City, Zip: Sebastian 32958

Correct By: Next Inspection
Re-Inspection Date: None

Type: School (9 months or less)
Owner: Food and Nutrition Services - Support Services Complex
Person In Charge: Wynn, William Phone: (772) 564-4170

Inspection Information

Purpose: Routine
Inspection Date: 3/22/2018

Begin Time: 10:45 AM
End Time: 11:45 AM

Additional Information

No Additional Information Available

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.

Violation Markings

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

Inspector Signature:

Chantelle Potts

Client Signature:

William Wynn

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General Comments

The light inside of the freezer has water accumulation and the freezer has a buildup of ice around the door and jam has been resolved.

Excellent hot and cold holding temperatures on the lines today.

The ice machine and the ventilation/light fixtures are on a preventative maintenance schedule for deep cleaning.

Hoods are scheduled for cleaning in April 2018.

Email Address(es): william.wynn@indianriverschools.org;
patrick.mccarty@indianriverschools.org

Violations Comments

Violation #25. Ventilation/Storage/Sufficient equipment

The back corner of the dry storage area has a mold-like substance present on the wall. There is repair work taking place on the ceiling. Please have maintenance patch all openings in the ceiling and walls.

CODE REFERENCE: Hoods. 64E-11.006(1)(g)-(l). There will be approved hoods over cooking equipment. Proper dispensers for tableware. There will be sufficient spoons, scoops in the food prep and service areas and sufficient utensils. Dipper wells for ice cream. There will be a janitor sink or can wash.

Inspection Conducted By: Chantele Potts (45812)
Inspector Contact Number: Work: (772) 794-7440 ex.
Print Client Name:
Date: 3/22/2018

Inspector Signature:

Handwritten signature of Chantele Potts.

Client Signature:

Handwritten signature of the client.