

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 Columbia High School
 ADDRESS 469 SW Fighting Tiger Dr CITY Lake City
 OWNER QCSB ZIP 32025
 PERSON IN CHARGE Denise Gilliam PHONE 755 8108

RESULTS

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

DATE

05
06
07
08
09
10
11
12
13
14

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
0950	1020	042612	45755	12-48-00003	<input checked="" type="checkbox"/> School
0000	0000				<input type="checkbox"/> Hospital
0000	0000				<input type="checkbox"/> Nursing
0000	0000				<input type="checkbox"/> Detention
0000	0000				<input type="checkbox"/> Lounge
0000	0000				<input type="checkbox"/> Civic
0000	0000				<input type="checkbox"/> Residential
0000	0000				<input type="checkbox"/> Child
0000	0000				<input type="checkbox"/> Limited
0000	0000				<input type="checkbox"/> Other

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.

<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"/> 39. Other facilities and operations
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	VENDING MACHINES
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	MANAGER CERTIFICATION
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	
<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)
	Premises appear satisfactory

HEALTH DEPARTMENT INSPECTOR: Patty Melgaard PHONE: 758 2058
 COPY OF REPORT RECEIVED BY: Denise Gilliam DATE: 042612