

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 Niblack Elementary  
 ADDRESS 837 NE Broadway St. CITY Lake City  
 OWNER CCSB ZIP 32055  
 PERSON IN CHARGE Bonnie Madison PHONE 755 8207

RESULTS

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

| BEGIN | END   |
|-------|-------|
| 9:55  | 10:20 |
| 10:20 | 10:55 |
| 10:55 | 11:30 |
| 11:30 | 12:05 |
| 12:05 | 12:35 |

| DATE     |
|----------|
| 04/19/12 |
| 05/05/12 |
| 06/05/12 |
| 07/05/12 |
| 08/05/12 |
| 09/05/12 |
| 10/05/12 |
| 11/05/12 |
| 12/05/12 |

| POSITION # |
|------------|
| 45755      |
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| CERTIFICATE NUMBER |
|--------------------|
| 12-48-00010        |
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|                    |
|                    |

- TYPE
- Hospital
  - Nursing
  - Detention
  - Lounge
  - Civic
  - Mobile
  - School
  - Residen.
  - Child
  - Limited
  - Other

| DATE     |
|----------|
| 05/05/12 |
| 06/05/12 |
| 07/05/12 |
| 08/05/12 |
| 09/05/12 |
| 10/05/12 |
| 11/05/12 |
| 12/05/12 |
| 01/05/13 |
| 02/05/13 |

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    | <b>OTHER FACILITIES AND OPERATIONS</b> |
| <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                          | <b>PERSONNEL</b>                                                      | <input type="checkbox"/> 30. Methods of washing        |                                        |
| <input type="checkbox"/> 5. Raw fruits                       | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES AND CONTROLS</b>                | <b>TEMPORARY FOOD SERVICE EVENTS</b>   |
| <input type="checkbox"/> 6. Pork cooking                     | <input type="checkbox"/> 18. Cleanliness                              | <input type="checkbox"/> 31. Water supply              | <b>VENDING MACHINES</b>                |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 19. Tobacco use                              | <input type="checkbox"/> 32. Ice                       | <b>MANAGER CERTIFICATION</b>           |
| <input type="checkbox"/> 8. Other animal cooking             | <input type="checkbox"/> 20. Handwashing                              | <input type="checkbox"/> 33. Sewage                    | <b>CERTIFICATES AND FEES</b>           |
| <input type="checkbox"/> 9. Least contact/Relocating         | <b>EQUIPMENT/UTENSILS</b>                                             | <input type="checkbox"/> 34. Plumbing                  | <b>INSPECTION/ENFORCEMENT</b>          |
| <input type="checkbox"/> 10. Food container                  | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 35. Toilet facilities         |                                        |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 36. Handwashing facilities    |                                        |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 24. Ice storage/Counter-protector            | <input type="checkbox"/> 37. Garbage disposal          |                                        |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control            |                                        |
|                                                              | <input type="checkbox"/> 26. Dishwashing facilities                   |                                                        |                                        |

| ITEM NUMBERS | COMMENTS AND INSTRUCTIONS<br>(continue on attached sheet) |
|--------------|-----------------------------------------------------------|
|              | <i>Remisee appears satisfactory</i>                       |

HEALTH DEPARTMENT INSPECTOR

*[Signature]*

PHONE:

*758 1058*

COPY OF REPORT RECEIVED BY

*[Signature]*

DATE:

*04-19-12*