

**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 Palm Lakes Elementary
ADDRESS 7150 W 16 Ave. **CITY** Plantation
OWNER F.S.B. **ZIP** 33014
PERSON IN CHARGE R. Miller **PHONE** 318-2111

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on: _____

DATE	TIME	STATUS
01-00	00-00	05
01-00	00-00	06
01-00	00-00	07
01-00	00-00	08
01-00	00-00	09
01-00	00-00	10
01-00	00-00	11
01-00	00-00	12
01-00	00-00	13
01-00	00-00	14

OUT OF BUSINESS

MONTH	DAY
01	01
01	02
01	03
01	04
01	05
01	06
01	07
01	08
01	09
01	10
01	11
01	12
01	13
01	14

DATE
01-07-09
01-08-09
01-09-09
01-10-09
01-11-09
01-12-09
01-13-09
01-14-09

POSITION
01-01-01
01-02-02
01-03-03
01-04-04
01-05-05
01-06-06
01-07-07
01-08-08
01-09-09
01-10-10
01-11-11
01-12-12
01-13-13
01-14-14

REPLICATE NUMBER
01-02-04-08-10-11
01-03-03-03-03-03
01-04-04-04-04-04
01-05-05-05-05-05
01-06-06-06-06-06
01-07-07-07-07-07
01-08-08-08-08-08
01-09-09-09-09-09
01-10-10-10-10-10
01-11-11-11-11-11
01-12-12-12-12-12
01-13-13-13-13-13
01-14-14-14-14-14

- TYPE OF FACILITY**
- Hospital
 - Nursing
 - Detention
 - Lounge
 - Civic
 - Movie
 - School
 - Residen.
 - Child
 - Limited
 - Other

This report is the property of the Florida Department of Health. It is loaned to you for your use only. It is not to be distributed outside your establishment. It is to be returned to the Florida Department of Health upon request.

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

ITEM NUMBERS **COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

⑧ Page all the violations in the report and correct them by the next inspection.

⑨ Check the date of the next inspection and report back to the health department.

HEALTH DEPARTMENT INSPECTOR: [Signature] **PHONE:** _____
COPY OF REPORT RECEIVED BY: [Signature] **DATE:** 11-17-09