

**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 St. Joseph's High
ADDRESS 782 W. Ave St. **CITY** Sebastian
OWNER Same **ZIP** 32958
PERSON IN CHARGE Martha Williams **PHONE** 358-8938

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

| DATE |
|--|
| <input type="checkbox"/> 05 |
| <input type="checkbox"/> 06 |
| <input checked="" type="checkbox"/> 07 |
| <input type="checkbox"/> 08 |
| <input type="checkbox"/> 09 |
| <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 |
| <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 |
| <input type="checkbox"/> 14 |

OUT OF BUSINESS

| BEGIN | END | DATE | POSITION # | CERTIFICATE NUMBER | TYPE |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|
| <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> Detention |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 15 | <input type="checkbox"/> 15 | <input type="checkbox"/> 15 | <input type="checkbox"/> 15 | <input type="checkbox"/> Lounge |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> Civic |
| <input type="checkbox"/> 25 | <input type="checkbox"/> 25 | <input type="checkbox"/> 25 | <input type="checkbox"/> 25 | <input type="checkbox"/> 25 | <input type="checkbox"/> Movie |
| <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input checked="" type="checkbox"/> School |
| <input type="checkbox"/> 35 | <input type="checkbox"/> 35 | <input type="checkbox"/> 35 | <input type="checkbox"/> 35 | <input type="checkbox"/> 35 | <input type="checkbox"/> Residen. |
| <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> Child |
| <input type="checkbox"/> 45 | <input type="checkbox"/> 45 | <input type="checkbox"/> 45 | <input type="checkbox"/> 45 | <input type="checkbox"/> 45 | <input type="checkbox"/> Limited |
| <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> Other |
| <input type="checkbox"/> 55 | <input type="checkbox"/> 55 | <input type="checkbox"/> 55 | <input type="checkbox"/> 55 | <input type="checkbox"/> 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"/> 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 | |
| <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 | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | VENDING MACHINES |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | MANAGER CERTIFICATION |
| <input type="checkbox"/> 8. Other animal cooking | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | CERTIFICATES AND FEES |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 26. Dishwashing facilities | | |

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

Note: No violations noted during this inspection. Facility in compliance w/ Ch 64E-11 of F.A.C.

HEALTH DEPARTMENT INSPECTOR: Martha Williams **PHONE:** 358-8938
COPY OF REPORT RECEIVED BY: Martha Williams **DATE:** 7-8-08