

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

- ALF
- Fraternal
- Detention
- Bar/Lounge
- Civic
- Movie/Theater
- School
- Residential Treatment Facility
- After School Meal
- Adult Day Care
- Other:



- PURPOSE:**
- ROUTINE
 - REINSPECTION
 - CONSTRUCT.
 - CHANGE OF OWNER
 - COMPLAINT
 - CONSULTATION
 - QA SURVEY
 - EPIDEMIOLOGY
 - OTHER

NAME OF ESTABLISHMENT Bristford Middle School

ADDRESS 327 Orange St **CITY** Starke

OWNER Bristford Co Schol Board **ZIP** 32091

PERSON IN CHARGE Karen Johnson **PHONE** 904 966 6800

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
9/30/15	10/15/15	01/24/18	04904	0448-01028

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory

Correct Violations by

- Next Inspection
- 8:00 AM on:

DATE

OUT OF BUSINESS

Items marked below are not in compliance with 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 of the Florida Administrative Code and Chapters 381 and 386 of the Florida Statutes. Violations must be corrected as 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	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/Reheating.	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input checked="" type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<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 equip.		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Water Temp 78° Urinal - 5.1 Hand - 6.9 Avg 64.7°
	Water Cooler 38.9° Milk 39.2°, 37.1°
36	Provide Soap Soap Dispenser

HEALTH DEPARTMENT INSPECTOR: Edward Rensberg PHONE: 904 964 7732

COPY OF REPORT RECEIVED BY: [Signature] DATE: 1/24/18