STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

PURPOSE:

- [x] ROUTINE
- [ ] REINSPECTION
- [ ] CONSTRUCT.
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] OTHER
- [ ] OTHER _____

NAME OF ESTABLISHMENT Ketterlinus Elm School
ADDRESS 67 Orange St **CITY** St Augustine
OWNER St Johns Co Schools **ZIP** 32084
PERSON IN CHARGE Suzanne Deuschle **PHONE** 547-8551

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [x] Next Inspection
- [ ] 8:00 AM on:

DATE		
0	0	0 0 05
1	1	1 1 06
	2	2 2 07
	3	3 3 08
	4	4 09
	5	5 10
	6	6 11
	7	7 12
	8	8 13
	9	9 14

- [ ] OUT OF BUSINESS

BEGIN	END
00	00
05 AM	05 AM
10 PM	10 PM
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE		
01	30	12
0	0	0 0 05
1	1	1 1 06
	2	2 2 07
	3	3 3 08
	4	4 09
	5	5 10
	6	6 11
	7	7 12
	8	8 13
	9	9 14

POSITION #				
8	4	5	9	6
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

CERTIFICATE NUMBER											
5	5	-	4	8	-	0	0	0	1	4	
0	0		0	0		0	0	0	0	0	
1	1		1	1		1	1	1	1	1	
2	2		2	2		2	2	2	2	2	
3	3		3	3		3	3	3	3	3	
4	4		4	4		4	4	4	4	4	
5	5		5	5		5	5	5	5	5	
6	6		6	6		6	6	6	6	6	
7	7		7	7		7	7	7	7	7	
8	8		8	8		8	8	8	8	8	
9	9		9	9		9	9	9	9	9	

TYPE

- [ ] Hospital
- [ ] Nursing
- [ ] Detention
- [ ] Lounge
- [ ] Civic
- [ ] Movie
- [x] School
- [ ] Residen.
- [ ] Child
- [ ] Limited
- [ ] 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.

FOOD SUPPLIES
- [ ] 1. Sources, etc.

FOOD PROTECTION
- [ ] 2. Stored temperature
- [ ] 3. No further cooking/Rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw fruits
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact/Reheating
- [ ] 10. Food container
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Sneeze guards
- [ ] 15. Transportation of food
- [ ] 16. Poisonous/Toxic materials

PERSONNEL
- [ ] 17. Exclusion of personnel
- [ ] 18. Cleanliness
- [ ] 19. Tobacco use
- [ ] 20. Handwashing
- [ ] 21. Handling of dishware

EQUIPMENT/UTENSILS
- [ ] 22. Refrigeration facilities/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sufficient equipment
- [ ] 26. Dishwashing facilities
- [ ] 27. Design and fabrication
- [ ] 28. Installation and location
- [ ] 29. Cleanliness of equipment
- [ ] 30. Methods of washing

SANITARY FACILITIES AND CONTROLS
- [ ] 31. Water supply
- [ ] 32. Ice
- [ ] 33. Sewage
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities
- [ ] 36. Handwashing facilities
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control

OTHER FACILITIES AND OPERATIONS
- [ ] 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS
- [ ] 40. Temporary food service events

VENDING MACHINES
- [ ] 41. Vending machines

MANAGER CERTIFICATION
- [ ] 42. Manager certification

CERTIFICATES AND FEES
- [ ] 43. Certificates and fees

INSPECTION/ENFORCEMENT
- [ ] 44. Inspection/Enforcement

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

No violations noted during inspection

HEALTH DEPARTMENT INSPECTOR: Andrea Ables *PHONE:* 825-2514 x 108

COPY OF REPORT RECEIVED BY: Suzanne Deuschle *DATE:* 1.30.12

DH Form 4023, 1/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY