

**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 St Augustine HS  
 ADDRESS 3205 Varella St CITY St Augustine  
 OWNER St Johns Co Schools ZIP 32084  
 PERSON IN CHARGE \_\_\_\_\_ PHONE 829-5330

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
05
06
07
08
09
10
11
12
13
14

OUT OF BUSINESS

DATE	POSITION	PERMITS NUMBER	TYPE
07/17/13	84390	CS-48-00033	<input checked="" type="checkbox"/> School
05			<input type="checkbox"/> Hospital
06			<input type="checkbox"/> Nursing
07			<input type="checkbox"/> Detention
08			<input type="checkbox"/> Lounge
09			<input type="checkbox"/> Civic
10			<input type="checkbox"/> Movie
11			<input type="checkbox"/> Residen.
12			<input type="checkbox"/> Child
13			<input type="checkbox"/> Limited
14			<input type="checkbox"/> 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 on administrative fine or other legal action will be initiated.*

<input type="checkbox"/> 1 Source, 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"/> 11. 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	<input type="checkbox"/> 21 Handling of dishware	<input type="checkbox"/> 34. Plumbing	<b>INSPECTION/ENFORCEMENT</b>
<input type="checkbox"/> 10 Food container	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 35. Toilet facilities	
<input type="checkbox"/> 11 Buffet requirements	<input type="checkbox"/> 22 Refrigeration facilities/Thermometers	<input type="checkbox"/> 36 Handwashing facilities	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23 Sinks	<input type="checkbox"/> 37. Garbage disposal	
<input type="checkbox"/> 13. Reserve of food	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	* All temps were 42°, the meals were just put in the walk-in.
	Everything OK for Summer food
	7/28/13 - xp for milk 48° walk-in
HEALTH DEPARTMENT INSPECTOR: <u>Andrea Ables</u>	PHONE <u>823-2514410</u>
COPY OF REPORT RECEIVED BY: <u>[Signature]</u>	DATE <u>7.17.13</u>