

ORIGINAL - CUSTOMER



STATE OF FLORIDA
DEPARTMENT OF HEALTH
SANITATION CERTIFICATE

Food Hygiene - School (more than 9 months) - Full Service

Food Restrictions :

Issued To: **Bunnell Elementary School Academies**

800 Howe Ave E
Bunnell, FL 32110

Mailed To: **Flagler County School Board**

Post Office Box 755
Bunnell, FL 32110

Permit Number: **18-48-00004**
Audit Control: **18-BID-1757238**
County: **Flagler**
Amount Paid: **200.00**
Date Paid: **09/19/2011**
Issue Date: **10/01/2011**

Permit Expires On: **09/30/2012**

BENJAMIN JUENGST, RS

Flagler County Health Dept.

Post Office Box 847

Bunnell, FL 32110

DUPLICATE - CUSTOMER (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> OTHER | |

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Bunnell Elementary School Academics
ADDRESS 900 E. Howe St. **CITY** Bunnell
OWNER FCSD **ZIP** 32110
PERSON IN CHARGE Jean Naydich **PHONE** (386) 937-7533

BEGIN	END
11:25	11:55
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE	
09 08 11	
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14

POSITION #	
68830	
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09

CERTIFICATE NUMBER			
18 - 48 - 00009			
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
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<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
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<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
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<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09

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

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 06
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 07
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 08
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 09
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 10
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 11
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 12
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 13
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 14

OUT OF BUSINESS

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 checked="" 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"/> 39. Other facilities and operations
<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 type="checkbox"/> 40. Temporary food service events	
<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"/> 41. Vending machines	
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input checked="" 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"/> 42. Manager certification	
<input type="checkbox"/> 9. Least contact/Reheating	<input checked="" 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"/> 43. Certificates and fees	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection/Enforcement	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment			
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
27	Provide thermometer to ice cream freezer.
29	Clean underneath and behind cooking equipment.
34	Repair leaking faucet at 3 compartment sink near office.
39	Clean line scale around sinks, ice machine, hand wash area, & cooking equipment area.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: (386) 937-7533
 COPY OF REPORT RECEIVED BY: Jean Naydich DATE: 9/2/11

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

ESTABLISHMENT/FACILITY