



STATE OF FLORIDA
DEPARTMENT OF HEALTH
SANITATION CERTIFICATE
Food Hygiene - School (less than 9 months) - Full Service

Food Restrictions :

Issued To: Indian Trails Elementary
5505 Belle Terre Pkwy
Palm Coast, FL 32137

Mailed To: Indian Trails Elementary
P O Box 755
Bunnell, FL 32110

Permit Number: 18-48-00010
Audit Control: 18-BID-1757230
County: Flagler
Amount Paid: 170.00
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:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Indian Trails Middle School
 ADDRESS 5505 Belle Terre Pkwy CITY Atlanta
 OWNER FCSA ZIP 32137
 PERSON IN CHARGE ~~Adalberto Viera~~ PHONE (386) 446-7673
Laura Ramo

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
00 00 00 00 05
11 11 11 11 06
22 22 22 22 07
33 33 33 33 08
44 44 44 44 09
55 55 55 55 10
66 66 66 66 11
77 77 77 77 12
88 88 88 88 13
99 99 99 99 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:10	10:50	09/13/11	68830	18-48-00010	<input checked="" type="checkbox"/> School
1:00	1:00	00 00 00 00 05	00 00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	11 11 11 11 06	11 11 11 11 11	11 11 11 11 11 11	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	22 22 22 22 07	22 22 22 22 22	22 22 22 22 22 22	<input type="checkbox"/> Detention
4:15	4:15	33 33 33 33 08	33 33 33 33 33	33 33 33 33 33 33	<input type="checkbox"/> Lounge
5:20	5:20	44 44 44 44 09	44 44 44 44 44	44 44 44 44 44 44	<input type="checkbox"/> Civic
6:25	6:25	55 55 55 55 10	55 55 55 55 55	55 55 55 55 55 55	<input type="checkbox"/> Movie
7:30	7:30	66 66 66 66 11	66 66 66 66 66	66 66 66 66 66 66	<input type="checkbox"/> School
8:35	8:35	77 77 77 77 12	77 77 77 77 77	77 77 77 77 77 77	<input type="checkbox"/> Residen.
9:40	9:40	88 88 88 88 13	88 88 88 88 88	88 88 88 88 88 88	<input type="checkbox"/> Child
10:45	10:45	99 99 99 99 14	99 99 99 99 99	99 99 99 99 99 99	<input type="checkbox"/> Limited
12:55	12:55				<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 an administrative fine or other legal action will be initiated.

<input type="checkbox"/> 1. Sources etc. <u>OK</u>	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 2. Stored temperature <u>36/10°</u>	<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	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 <u>OK</u>	<input type="checkbox"/> 31. Water supply <u>c.t.</u>	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use <u>OK</u>	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION <u>N/A</u>
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage <u>c.t.</u>	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/Reheating	EQUIPMENT/UTENSILS	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 21. Handling of dishware	<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 type="checkbox"/> 36. Handwashing facilities <u>100%</u>	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 equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS: Chicken Sandwich 176°
Chesse burger 170°
Egg roll - 170°

COMMENTS AND INSTRUCTIONS (continue on attached sheet)
1 comp w/ chud @ 2:00pm
Chicken Nuggets 172°
Milk - 4/100

Family in good order!

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: (386) 437-7358
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 9-12-11