



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
**SANITATION CERTIFICATE**

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

**Food Restrictions :**

**Issued To: Matanzas High School**  
3535 N Old Kings Rd  
Palm Coast, FL 32137

**Mailed To: Matanzas High School**  
Post Office Box 755  
Bunnell, FL 32110

**Permit Number:** 18-48-00053  
**Audit Control:** 18-BID-1757235  
**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 Matanzas High School  
 ADDRESS 3535 Old Kings Rd CITY Palmetto  
 OWNER FCSB ZIP 32137  
 PERSON IN CHARGE Giaciela Batarelli PHONE (386) 447-0053

BEGIN	END
12:10	1:00
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE	
09/13/11	
<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
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<input type="checkbox"/> 06	<input type="checkbox"/> 06
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<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	
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<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03
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<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

CERTIFICATE NUMBER			
18-48-00053			
<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
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
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<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14

- 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"/> 00	<input type="checkbox"/> 05
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 06
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 07
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 08
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 09
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 10
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 11
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 12
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<input type="checkbox"/> 09	<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.*

- |   |  |  |  |
|---|--|--|--|
| <p><b>FOOD SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Sources, etc.</li> </ul> <p><b>FOOD PROTECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. Stored temperature <u>38/10</u></li> <li><input type="checkbox"/> 3. No further cooking/Rapid cooling</li> <li><input type="checkbox"/> 4. Thawing</li> <li><input type="checkbox"/> 5. Raw fruits</li> <li><input type="checkbox"/> 6. Pork cooking</li> <li><input type="checkbox"/> 7. Poultry cooking</li> <li><input type="checkbox"/> 8. Other animal cooking</li> <li><input type="checkbox"/> 9. Least contact/Reheating</li> <li><input type="checkbox"/> 10. Food container</li> <li><input type="checkbox"/> 11. Buffet requirements</li> <li><input type="checkbox"/> 12. Self-service condiments</li> <li><input type="checkbox"/> 13. Reservice of food</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 14. Sneeze guards</li> <li><input type="checkbox"/> 15. Transportation of food</li> <li><input type="checkbox"/> 16. Poisonous/Toxic materials</li> </ul> <p><b>PERSONNEL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17. Exclusion of personnel</li> <li><input type="checkbox"/> 18. Cleanliness <u>OK</u></li> <li><input type="checkbox"/> 19. Tobacco use</li> <li><input type="checkbox"/> 20. Handwashing</li> <li><input type="checkbox"/> 21. Handling of dishware</li> </ul> <p><b>EQUIPMENT/UTENSILS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 22. Refrigeration facilities/Thermometers</li> <li><input type="checkbox"/> 23. Sinks</li> <li><input type="checkbox"/> 24. Ice storage/Counter-protector</li> <li><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment</li> <li><input type="checkbox"/> 26. Dishwashing facilities</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Design and fabrication</li> <li><input type="checkbox"/> 28. Installation and location</li> <li><input type="checkbox"/> 29. Cleanliness of equipment</li> <li><input type="checkbox"/> 30. Methods of washing</li> </ul> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 31. Water supply <u>0.5</u></li> <li><input type="checkbox"/> 32. Ice</li> <li><input type="checkbox"/> 33. Sewage <u>0.5</u></li> <li><input type="checkbox"/> 34. Plumbing</li> <li><input type="checkbox"/> 35. Toilet facilities <u>100</u></li> <li><input type="checkbox"/> 36. Handwashing facilities</li> <li><input type="checkbox"/> 37. Garbage disposal</li> <li><input type="checkbox"/> 38. Vermin control</li> </ul> | <p><b>OTHER FACILITIES AND OPERATIONS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 39. Other facilities and operations</li> </ul> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 40. Temporary food service events</li> </ul> <p><b>VENDING MACHINES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 41. Vending machines</li> </ul> <p><b>MANAGER CERTIFICATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 42. Manager certification</li> </ul> <p><b>CERTIFICATES AND FEES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 43. Certificates and fees</li> </ul> <p><b>INSPECTION/ENFORCEMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 44. Inspection/Enforcement</li> </ul> |
|---|--|--|--|

**ITEM NUMBERS**      **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

39      Clear floor of walk-in freezer (salt) - cleaned on site - OK

HEALTH DEPARTMENT INSPECTOR: [Signature]      PHONE: (386) 432-7358

COPY OF REPORT RECEIVED BY: [Signature]      DATE: \_\_\_\_\_

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