



STATE OF FLORIDA
DEPARTMENT OF HEALTH
SANITATION CERTIFICATE

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

Food Restrictions :

Issued To: **Wadsworth Elementary School**
4550 Belle Terre Pkwy
Palm Coast, FL 32164

Mailed To: **Wadsworth Elementary School**
P O Box 755
Bunnell, FL 32110

Permit Number: **18-48-00017**
Audit Control: **18-BID-1757232**
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
FOOD SERVICE
INSPECTION REPORT**



PURPOSE:

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

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
- Next Inspection
- 8:00 AM on:

NAME OF ESTABLISHMENT Wardsworth Elementary
 ADDRESS 4550 Bella Terra PKWY CITY Palm Coast
 OWNER PCSB ZIP 32164
 PERSON IN CHARGE Ursula Caldwell PHONE (386) 446-6720

BEGIN	END
12:00	12:00
1:00 AM	1:00 AM
2:00 AM	2:00 AM
3:00 AM	3:00 AM
4:00 AM	4:00 AM
5:00 AM	5:00 AM
6:00 AM	6:00 AM
7:00 AM	7:00 AM
8:00 AM	8:00 AM
9:00 AM	9:00 AM
10:00 AM	10:00 AM
11:00 AM	11:00 AM
12:00 PM	12:00 PM

DATE
09-09-11
00-00-00-05
00-00-00-06
00-00-00-07
00-00-00-08
00-00-00-09
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00-00-00-11
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00-00-00-13
00-00-00-14

POSITION #
68830
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CERTIFICATE NUMBER
18-48-00017
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TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
00-00-00-05
00-00-00-06
00-00-00-07
00-00-00-08
00-00-00-09
00-00-00-10
00-00-00-11
00-00-00-12
00-00-00-13
00-00-00-14

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.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES AND OPERATIONS |
| <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 | <input type="checkbox"/> 17. Exclusion of personnel | <input type="checkbox"/> 30. Methods of washing | |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | SANITARY FACILITIES AND CONTROLS |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 35. Toilet facilities | VENDING MACHINES |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 36. Handwashing facilities | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 37. Garbage disposal | MANAGER CERTIFICATION |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 26. Dishwashing facilities | | CERTIFICATES AND FEES |
| | | | <input type="checkbox"/> 43. Certificates and fees |
| | | | INSPECTION/ENFORCEMENT |
| | | | <input type="checkbox"/> 44. Inspection/Enforcement |

ITEM NUMBERS 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200

COMMENTS AND INSTRUCTIONS (continue on attached sheet)

22) Provide thermometers to receive temp. of Judy Gnilo
Ordered 9/12/2011

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: (386) 447-2358
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 9/9/11