

**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** Western High School  
**ADDRESS** 1200 S.W. 136 Avenue    **CITY** Dave  
**OWNER** \_\_\_\_\_    **ZIP** \_\_\_\_\_  
**PERSON IN CHARGE** \_\_\_\_\_    **PHONE** \_\_\_\_\_

**RESULTS**

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

DATE	
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
<input type="checkbox"/> 00	<input type="checkbox"/> 00				
<input type="checkbox"/> 01	<input type="checkbox"/> 01				
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<u>06-21-08</u>	<u>27116</u>	<u>01-48-00844</u>	
<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				

*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	<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	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	<b>PERSONNEL</b>	<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"/> 31. 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/Reheating	<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. 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	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No violation Found
	Write in refrig 30° Note in freezer 0° Reach in Freezer -10 Reach in refrig 41° 29, 49 Hot water 120° Milk 41 Court Ammon 200ppm

**HEALTH DEPARTMENT INSPECTOR:** Melva Gray    **PHONE:** 954 831-0403  
**COPY OF REPORT RECEIVED BY:** Suzanna Kasper    **DATE:** 5/21/08

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

ESTABLISHMENT/FACILITY