

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

NAME OF ESTABLISHMENT, ADDRESS, CITY, OWNER, ZIP, PERSON IN CHARGE, PHONE

RESULTS: Satisfactory, Incomplete, Unsatisfactory, Correct Violations by, DATE

Table with columns: BEGIN, END, DATE, POSITION #, CERTIFICATE NUMBER, TYPE, DATE

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected.

- FOOD SUPPLIES, FOOD PROTECTION, PERSONNEL, EQUIPMENT/UTENSILS, SANITARY FACILITIES AND CONTROLS, OTHER FACILITIES AND OPERATIONS, TEMPORARY FOOD SERVICE EVENTS, VENDING MACHINES, MANAGER CERTIFICATION, CERTIFICATES AND FEES, INSPECTION/ENFORCEMENT

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