

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



PURPOSE:

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

FOOD SERVICE
INSPECTION REPORT

NAME OF ESTABLISHMENT: Stephen Foster Elementary
 ADDRESS: 3300 NW 6 St CITY: Boynton Beach
 OWNER: AESB ZIP: 33409
 PERSON IN CHARGE: MATT AALNE PHONE: 352 355-6706

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory

Correct Violations by

- Next Inspection
- 8:00 AM on:

BEGIN	END
1 00	1 00
2 05 AM	2 05 AM
3 10 PM	3 10 PM
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE
06 01 17
01 01 05
01 01 06
01 01 07
01 01 08
01 01 09
01 01 10
01 01 11
01 01 12
01 01 13
01 01 14

POSITION
26863
01 01 05
01 01 06
01 01 07
01 01 08
01 01 09
01 01 10
01 01 11
01 01 12
01 01 13
01 01 14

CERTIFICATE NUMBER
01-48-00007
01 01 05
01 01 06
01 01 07
01 01 08
01 01 09
01 01 10
01 01 11
01 01 12
01 01 13
01 01 14

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
01 01 05
01 01 06
01 01 07
01 01 08
01 01 09
01 01 10
01 01 11
01 01 12
01 01 13
01 01 14

OUT OF BUSINESS

This document is a summary of the requirements of Chapter 604, Florida Administrative Code and must be checked. Complete observation of food service operations is a violation of Chapter 604, Florida Administrative Code and Chapter 381 and 386, Florida Statutes. Violations must be reported in the appropriate manner in the Results section above or in agency memo or other legal action as determined.

<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	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	VENDING MACHINES
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Toilet facilities	MANAGER CERTIFICATION
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal	CERTIFICATES AND FEES
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		INSPECTION/ENFORCEMENT
			<input type="checkbox"/> 44. Inspection/Enforcement

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Satisfactory (all violations resolved properly)

HEALTH DEPARTMENT INSPECTOR: Avo [Signature] PHONE: 352 334-7930

COPY OF REPORT RECEIVED BY: marked copy DATE: 6-1-17

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