

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 01-48-00096
Name of Facility: Idylwild Elementary School
Address: 4601 SW 20th Terrace
City, Zip: Gainesville 32608

Correct By: None
Re-Inspection Date: None

Type: School (more than 9 months)
Owner: SBAC (Food & Nutrition)
Person In Charge: Kathleen Reynolds Phone: 955-6725

Inspection Information

Purpose: Routine
Inspection Date: 8/15/2017

Begin Time: 10:20 AM
End Time: 10:50 AM

Additional Information

No Additional Information Available

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.

Violation Markings

- | | | |
|-------------------------------------|--|-------------------------------------|
| FOOD SUPPLIES | 17. Exclusion of personnel | 34. Plumbing |
| 1. Sources, etc. | 18. Cleanliness | 35. Toilet facilities |
| FOOD PROTECTION | 19. Tobacco use | 36. Handwashing facilities |
| 2. Stored temperature | 20. Handwashing | 37. Garbage disposal |
| 3. No further cooking/Rapid cooling | 21. Handling of dishware | 38. Vermin control |
| 4. Thawing | EQUIPMENT/UTENSILS | OTHER FACILITIES AND OPERATIONS |
| 5. Raw fruits | 22. Refrigeration facilities/Thermometers | 39. Other facilities and operations |
| 6. Pork cooking | 23. Sinks | TEMPORARY FOOD SERVICE EVENTS |
| 7. Poultry cooking | 24. Ice storage/Counter-protector | 40. Temporary food service events |
| 8. Other animal cooking | 25. Ventilation/Storage/Sufficient equipment | VENDING MACHINES |
| 9. Least contact/Reheating | 26. Dishwashing facilities | 41. Vending machines |
| 10. Food container | 27. Design and fabrication | MANAGER CERTIFICATION |
| 11. Buffet requirements | 28. Installation and location | 42. Manager certification |
| 12. Self-service condiments | 29. Cleanliness of equipment | CERTIFICATES AND FEES |
| 13. Reservice of food | 30. Methods of washing | 43. Certificates and fees |
| 14. Sneeze guards | SANITARY FACILITIES AND CONTROLS | INSPECTION/ENFORCEMENT |
| 15. Transportation of food | 31. Water supply | 44. Inspection/Enforcement |
| 16. Poisonous/Toxic materials | 32. Ice | |
| PERSONNEL | 33. Sewage | |

General Comments

Satisfactory. No violations observed at time of inspection.

Email Address(es): reynoldsk@gm.sbac.edu

Inspector Signature:

Client Signature:

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Violations Comments

No Violation Comments Available

Inspection Conducted By: Maxwell Lloyd (26870)
Inspector Contact Number: Work: (352) 334-7930 ex. 3511
Print Client Name:
Date: 8/15/2017

Inspector Signature:

Handwritten signature of Maxwell Lloyd.

Client Signature:

Handwritten signature of Kimberly Maynard.