

# FOOD SERVICE

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

Approval: \_\_\_\_\_

27.947190/-82.746490

**PURPOSE:**

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

**TYPE:**

- HOSPITAL     CIVIC     CHILD  
 NURSING     MOVIE     LIMITED  
 DETENTION     SCHOOL     OTHER  
 LOUNGE     RESIDENTIAL



**RESULTS:**

- Satisfactory  
 Incomplete  
 Unsatisfactory  
 OUT OF BUSINESS
- Correct Violations by**  
 Next Inspection  
 8:00 AM on

**NAME** Oak Grove Middle School  
**ADDRESS** 1370 S Belcher Road    **CITY** Clearwater  
**OWNER** Pinellas County Schools    **ZIP** 33764  
**PERSON IN CHARGE** Welch, Cathie    **PHONE** (727) 538-7299  
**EMAIL** welchca@pcsb.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
10:15	11:00	09/09/2010	29174	52-48-02858

RE-INSPECTION DATE

*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.*

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

**COMMENTS AND INSTRUCTIONS**

CT 254.01 ZONE 15  
 NOTE: ICE/HW 102F S/T, STAFF RR 101F S/T, 2CS, LAUNDRY HW 101F S/T, SERVE LINE HW 100FS/T, 104F S/T, TRUE- 38F, WARMER- 170F, HW- 101F S/T, 3CS 200PPM QUAT TEST STRIP 123F, 1CS, DW HW 103F S/T, WIC- 31F CHICKEN TENDERS, WIF--5F, MOPS H/C 1CS, HW- 100F S/T, 2CS, HOOD- FEB 2010

-NO VIOLATIONS OBSERVED AT THIS TIME-

INSPECTION CONDUCTED BY: Carol Cunningham  
 INSPECTION COND SIGNATURE: Carol Cunningham  
 COPY OF REPORT RECEIVED BY: Cathie Welch    CATHERINE V. WELCH

PHONE: (727) 507-4336 ex. 1370  
 PHONE: NA  
 DATE: 9/9/2010

# FOOD SERVICE

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

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**PURPOSE:**

**TYPE:**

- |   |  |                                    |  |                                  |
|---|--|------------------------------------|--|----------------------------------|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION    | <input type="checkbox"/> HOSPITAL  | <input type="checkbox"/> CIVIC             | <input type="checkbox"/> CHILD   |
| <input type="checkbox"/> CONSTRUCT.         | <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> NURSING   | <input type="checkbox"/> MOVIE             | <input type="checkbox"/> LIMITED |
| <input type="checkbox"/> COMPLAINT          | <input type="checkbox"/> CONSULTATION    | <input type="checkbox"/> DETENTION | <input checked="" type="checkbox"/> SCHOOL | <input type="checkbox"/> OTHER   |
| <input type="checkbox"/> QA SURVEY          | <input type="checkbox"/> EPIDEMIOLOGY    | <input type="checkbox"/> LOUNGE    | <input type="checkbox"/> RESIDENTIAL       |                                  |
| <input type="checkbox"/> OTHER              |  |                                    |  |                                  |



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