

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



PURPOSE:

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

FOOD SERVICE
INSPECTION REPORT

RESULTS

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

DATE

Table with columns for hours (00-14) and checkboxes for 'OUT OF BUSINESS'.

NAME OF ESTABLISHMENT: Crawfordville Elem
ADDRESS: 149 Anna Rd
CITY: Crawfordville
OWNER: WLSB
ZIP: 32307
PERSON IN CHARGE: Suzanne Moses
PHONE: 926 7131

Table with columns: BEGIN, END, DATE, POSITION #, CERTIFICATE NUMBER, TYPE. Includes handwritten values like 830A9-A, 012609, 43484, 65-48-00007.

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.

- 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)

(27) One hood light out; replace.

HEALTH DEPARTMENT INSPECTOR: Penny Burwick PHONE: 926-2558 x153
COPY OF REPORT RECEIVED BY: Suzanne Moses DATE: 1/26/09