



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE**

PURPOSE:

- ✓ ROUTINE
- CONSTRUCT
- COMPLAINT
- QUASIRVLY
- OTHER _____
- REINSPECTION
- CHANGE-OF-OWNER
- CONSULTATION

NAME OF ESTABLISHMENT Crawfordville Elementary

ADDRESS 379 Arran Road **CITY** Crawfordville

OWNER Wakulla County School Board **ZIP** 32327

PERSON IN CHARGE suzanne brown **PHONE** (850) 584-5087

RESULTS

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

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

DATE		
0 9	1 3	20
— 0	0 0	95
1 1	— 1	96
2	2 2	97
3	3 —	98
4	4	99
5	5	00
6	6	01
7	7	02
8	8	03
—	9	04

POSITION #				
0 2	9 6	1 2		
— 0	0 0	0 0		
1 1	1 1	— 1		
2	— 2	2 —		
3 3	3 3	3 3		
4 4	4 4	4 4		
5 5	5 5	5 5		
6 6	6 —	6 6		
7 7	7 7	7 7		
8 8	8 8	8 8		
9 9	— 9	9 9		

PERMIT NUMBER			
6 5	4 8	0 0	0 0 7
0 0	0 0	— —	— 0
1 1	1 —	1 1	1 1 1
2 2	2 2	2 2	2 2 2
3 3	3 3	3 3	3 3 3
4 4	4 4	4 4	4 4 4
5 —	— 5	5 5	5 5 5
— 6	6 6	6 6	6 6 6
7 7	7 7	7 7	7 7 —
8 8	8 8	8 8	8 8 8
9 9	9 9	9 9	9 9 9

TYPE
- Hospital
- Nursing
- Detention
- Lounge
- Civic
- Movie
- School
- Residen.
- Child
- Limited
- Other

DATE				
0 0	0 0	0 0	0 5	
1 1	1 1	1 1	0 6	
2 2	2 2	2 2	0 7	
3 3	3 3	3 3	0 8	
4	4	4	0 9	
5	5	5	1 0	
6	6	6	1 1	
7	7	7	1 2	
8	8	8	1 3	
9	9	9	1 4	

- OUT OF BUSINESS

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	See Comments on Next Page....

HEALTH DEPARTMENT INSPECTOR: James Rachal PHONE: _____

COPY OF REPORT RECEIVED BY: Signed DATE: 09/14/2017

FOOD SERVICE FOOD SERVICE FOOD SERVICE

DH 4023, 1/05 (Obsoletes Previous Editions)

CHD / HEADQUARTERS

PERMIT NUMBER: 65-48-00007

INSPECTION DATE: 09/13/2017

Inspector Comments:

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS