STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT



		DEPARTMENT OF HEA
PURPOSE:		COUNTY HEALTH DEPAR
	□ REINSPECTION	FOOD SERVICE

ROUTINE	□ REINSPECTION	INS						
CONSTRUCT.	CHANGE OF OWNER		COD WE THE					
COMPLAINT	☐ CONSULTATION							
QA SURVEY	□ OTHER							
OTHER		. docad				RESULTS		
NAME OF EST	ABLISHMENT	piak South	11. ges 1g			□ Satisfactory		
ADDRESS	939 50 298	57	CITY <u>#</u>	incsteal		□ Incomplete		
OWNER	OSMA SOUTH	<i>*</i>	710	3003		☐ Unsatisfactory		
OWNER OSpina SOUTH PERSON IN CHARGE Hector Hartines			CITY			Correct Violations by Next Inspection		
PERSON IN CI	IARGE	The state of the s	PHONE			8:00 AM on:		
BEGIN END					An Andrews	DATE		
1046 1115	DATE	POSITION#	CERTIFIC	ATE NUMBER	TYPE			
	090611		73 - 48	-1/2/059				
(2) (05) AM (2) (05) AN	**			[12.00] [12.00] ** [12.000]	☐ Hospital			
c3:d0:emc3:d0:en c4:d5	7 George George 05			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□ Nursing			
(5) 20 (5) 20	2 2 2 07	ಪುರುಪುಪುರು ಪುಜಾಜಾಜಾ	11 did 12 2 2 2	Han 1945 4944	Detention	(2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (4)		
16125 16125	3333008	303030303	3030 303	less was year	□ Lounge □ Civic	4 4 09		
730 730	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	do do do do do			☐ Civic ☐ Movie	G5. G5		
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C9040 C9040	GD GD CT11	6-6-6-6-6	6161 616	6060606060	Residen.			
10/45 10/45	一	J-7-17-17-17-17-17-17-17-17-17-17-17-17-1	77 77	(D)	□ Child	∟8⊐ ∟8⊐ ⊏⊐ 13		
11:50 11:50		ැදී යන දෙන යන යන	(8) (8) (8) (8)	ැහිට සිරි මේට සිට සිට	□ Limited			
12:55 12:55		(9)(9)(9)(9)		ා මාජාජාජාජා	□ Other	OUT OF BUSINESS		
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		Sneeze guards	2°	7. Design and fabrication	OTHER FACII	ITIES		
1. Sources, etc.		Transportation of food		3. Installation and location	AND OPERAT	IONS		
FOOD PROTECTION 16. Poisonous/Toxic materials					lities and operations			
2. Stored temperate		ONNEL). Methods of washing	TEMPORARY	Į		
3. No further cook	- , -	Exclusion of personnel Cleanliness		TARY FACILITIES	SERVICE EVE			
5. Raw fruits		Tobacco use		CONTROLS . Water supply	VENDING MA	y food service events		
6. Pork cooking		Handwashing			41. Vending m			
7, Poultry cooking						MANAGER CERTIFICATION		
8. Other animal co		MENT/UTENSILS		. Plumbing	42. Manager of			
9. Least contact/Re	cheating <u> </u>	Refrigeration facilities/Ther	mometers === 3:	. Toilet facilities	CERTIFICATE	ES AND FEES		
10. Food container	□ 23.	Sinks	□ 30	. Handwashing facilities	43. Certificate	es and fees		
□ 11. Buffet requireme		Ice storage/Counter-protecto	or 🗀 3	. Garbage disposal	INSPECTION/	ENFORCEMENT		
12. Self-service con-		Ventilation/Storage/Sufficie	nt equipment 3	3. Vermin control	44. Inspection	/Enforcement		
□ 13. Reservice of foo	26.	Dishwashing facilities				, , , , , , , , , , , , , , , , , , , ,		
ITEM COMMENTS AND INSTRUCTIONS NUMBERS (continue on attached sheet)								
Foul catenal by construction Catening.								
Disposable Heme								
- Satisfactory at time of inspection.								
			Ā					
HEALTH DEPARTMENT DISPECTOR. MARIA ABTOLER								
HEALTH DEPARTMENT INSPECTOR: PHONE: PHONE:								
COPY OF REPORT REC	CEIVED BY:			DATE	: <i>¥ []</i>	<u> </u>		

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