

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Dove Church Elementary
ADDRESS 6501 SW 39th St **CITY** Davis
OWNER BGSB **ZIP** 33314
PERSON IN CHARGE D. J. [unclear] **PHONE** 11-04-09

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:00	11:30	12-04-09	27072	04-48-00293	<input type="checkbox"/> Hospital
12:00	12:00	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Nursing
1:05 AM	2:05 AM	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Detention
3:10 PM	3:10 PM	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Lounge
4:15	4:15	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Civic
5:20	5:20	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Movie
6:25	6:25	00-00-00	00-00-00	00-00-00	<input checked="" type="checkbox"/> School
7:30	7:30	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Residen.
8:35	8:35	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Child
9:40	9:40	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Limited
10:45	10:45	00-00-00	00-00-00	00-00-00	<input type="checkbox"/> Other
11:50	11:50	00-00-00	00-00-00	00-00-00	
12:55	12:55	00-00-00	00-00-00	00-00-00	

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
10	All items must be [unclear] 30°F
	stomach and [unclear] 40°F
	700 glass [unclear] 177°F
	3AW [unclear] 162°F
	700 [unclear] MILK 37°F

HEALTH DEPARTMENT INSPECTOR: Jenna P. [unclear] **PHONE:** 11-04-09
COPY OF REPORT RECEIVED BY: [unclear] **DATE:** 11-04-09