

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



**FOOD SERVICE
INSPECTION REPORT**

PURPOSE:

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

NAME OF ESTABLISHMENT Babson Park Elementary
 ADDRESS 815. Alternate 27 Hwy CITY Babson Park
 OWNER Polk County School Board ZIP 33827
 PERSON IN CHARGE Teresa Bass PHONE 863-678-4668

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
00	05
01	06
02	07
03	08
04	09
05	10
06	11
07	12
08	13
09	14

OUT OF BUSINESS

BEGIN	END
00:00	00:00
01:00 AM	02:00 AM
03:00 PM	03:10 PM
04:15	04:15
05:20	05:20
06:25	06:25
07:30	07:30
08:35	08:35
09:40	09:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
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POSITION
35844
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CERTIFICATE NUMBER
53-48-00104
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- TYPE**
- Hospital
 - Nursing
 - Detention
 - Lounge
 - Civic
 - Movie
 - School
 - Residen.
 - Child
 - Limited
 - Other

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory no violation observed at inspection time.

HEALTH DEPARTMENT INSPECTOR: Mazen Omara PHONE: 863-679-4888 EX 20061
 COPY OF REPORT RECEIVED BY: Teresa Bass DATE: 9-1-11