

**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 Innovation School of Excellence
ADDRESS 2532 W. Shape St. **CITY** Jacksonville
OWNER Innovation School of Excellence 32303
PERSON IN CHARGE Mr. Clem **PHONE** 575-5580

1 300 913

RESULTS

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

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00	02 09 11	54950	37-48-	<input type="checkbox"/> Hospital	<input type="checkbox"/> 01:00-01:00 05
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM				<input type="checkbox"/> Nursing	<input type="checkbox"/> 01:00-01:00 06
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM				<input type="checkbox"/> Detention	<input type="checkbox"/> 02:00-02:00 07
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15				<input type="checkbox"/> Lounge	<input type="checkbox"/> 03:00-03:00 08
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20				<input type="checkbox"/> Civic	<input type="checkbox"/> 04:00-04:00 09
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25				<input type="checkbox"/> Movie	<input type="checkbox"/> 05:00-05:00 10
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30				<input checked="" type="checkbox"/> School	<input type="checkbox"/> 06:00-06:00 11
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35				<input type="checkbox"/> Residen.	<input type="checkbox"/> 07:00-07:00 12
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40				<input type="checkbox"/> Child	<input type="checkbox"/> 08:00-08:00 13
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45				<input type="checkbox"/> Limited	<input type="checkbox"/> 09:00-09:00 14
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50					
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55					

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 |
| <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 | EQUIPMENT/UTENSILS | YENDING MACHINES |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 21. Handling of dishware | EQUIPMENT/UTENSILS | MANAGER CERTIFICATION |
| <input type="checkbox"/> 8. Other animal cooking | EQUIPMENT/UTENSILS | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 23. Sinks | CERTIFICATES AND FEES |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 26. Dishwashing facilities | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS **COMMENTS AND INSTRUCTIONS**
 (continue on attached sheet)

Facility meets all F.A.C. standards.

HEALTH DEPARTMENT INSPECTOR: Tommy M. Casey **PHONE:** 606-8350
COPY OF REPORT RECEIVED BY: X Kelly Young **DATE:** 02/09/11