STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE INSPECTION REPORT

PURPOSE:

NAME OF ESTABLISHMENT Believers Academy Inc.
ADDRESS 5840 Corporate Way **CITY** WPB
OWNER SBP BC **ZIP** 33407
PERSON IN CHARGE Lori Dyer **PHONE** 561-707-5681

BEGIN	END
1055	1100

DATE	POSITION #	CERTIFICATE NUMBER	TYPE
020409	30897	50-48-01423	Hospital, Nursing, Food Service, Lounge, Office, Mobile, School, Resident, Child, Limited, Other

RESULTS
Satisfactory
Preliminary
Unsatisfactory
Correct violations by
Next inspection
8:00 A.M. on

DATE		
		05
		06
		07
		08
		09
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		14

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No Violations noted at this time.

SIGNATURE OF PUBLIC HEALTH INSPECTOR: Michelle Walker PHONE: 561 355-3018
SIGNATURE OF REPORT REVIEWED BY: DATE: 2.4.09

DH Form 4023 (05/03) (Obsolates Previous Editions)

CHD/HEADQUARTERS