STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

PURPOSE:

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

NAME OF ESTABLISHMENT BELIEVERS ACADEMY INC

ADDRESS 5840 CORPORATE WAY **CITY** W. P. B

OWNER BELIEVERS ACADEMY INC **ZIP** 33407

PERSON IN CHARGE MARK MANNERS **PHONE** 561-707-5681

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

DATE

OUT OF BUSINESS

BEGIN	END
11 00 A	11 15 A

DATE
03 09 10

POSITION #
28921

CERTIFICATE NUMBER
50 - 48 - 01423

TYPE
- [ ] Hospital
- [ ] Nursing
- [ ] Detention
- [ ] Lounge
- [ ] Civic
- [ ] Movie
- [ ] School
- [ ] Residen.
- [ ] Child
- [x] Limited
- [ ] Other

Item(s) followed by [X] indicate non-compliance with the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued violation of these rules may result in closure. Failure to comply with these corrective actions 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, etc.

FOOD PROTECTION
- [x] 2. Stored temperature
- [ ] 3. No further cooking/Rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw fruits
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact/Reheating
- [ ] 10. Food container
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Sneeze 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)

HOT WATER IN HANDSINK = 103°F

#2 STORED TEMPERATURE: MILK - 47°F EXPIRED: 03/20/10
CORRECTIVE ACTION: REMOVE MILK FROM REFR. EQUIPT AND STORE THEM FOR 5 MINUTES IN FREEZER TO

HEALTH DEPARTMENT INSPECTOR: _____ *PHONE* 561-837-5900

COPY OF REPORT RECEIVED BY: _____ *DATE:* 03/09/2010

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

ESTABLISHMENT/FACILITY