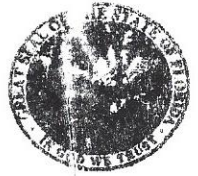


**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT**



**FOOD SERVICE  
INSPECTION REPORT**

- PURPOSE:**
- ROUTINE
  - REINSPECTION
  - CONSTRUCT
  - CHANGE OF OWNER
  - COMPLAINT
  - CONSULTATION
  - QA SURVEY
  - OTHER
  - OTHER

**NAME OF ESTABLISHMENT:** Creekside HS

**ADDRESS:** 100 Knight Lane **CITY:** St. Johns

**OWNER:** 550513 **ZIP:** 32254

**PERSON IN CHARGE:** Lisa Martin **PHONE:** 547-9300

DATE	POSITION	CERTIFICATE NUMBER
09 09 13	511674	55-48-00410
01 01 05		
01 01 06		
02 02 07		
03 03 08		
04 04 09		
05 05 10		
06 06 11		
07 07 12		
08 08 13		
09 09 14		

Satisfactory

Incomplete

Unsatisfactory

**Correct Violations by**

Next Inspection

8:00 AM on:

05
06
07
08
09
10
11
12
13
14

OUT OF BUSINESS

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (Continue on attached sheet)
22	Thermometer to be placed in ice cream cooler
10	Be sure to label containers w/ contents

**HEALTH DEPARTMENT INSPECTOR:** *[Signature]* **PHONE:** 823-2514 x106

**COPY OF REPORT RECEIVED BY:** *[Signature]* **DATE:** 9-9-13

DH Form 4029, 1/05 (Obsoletes Previous Editions)