

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Gamble Rogers MS
 ADDRESS 6250 US1 S CITY St Aug
 OWNER SJC Schools ZIP 32086
 PERSON IN CHARGE L. Sg PHONE 547-8709

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	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1210	1240	05 21 14	54791	55-48-00029	<input checked="" type="checkbox"/> School
1000	1000	00 00 00 05	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Hospital
205	205	00 00 00 06	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Nursing
310	310	00 00 00 07	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Detention
415	415	00 00 00 08	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Lounge
520	520	00 00 00 09	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Civic
625	625	00 00 00 10	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Movie
730	730	00 00 00 11	00 00 00 00	00 00 00 00 00 00	<input checked="" type="checkbox"/> School
835	835	00 00 00 12	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Residen.
940	940	00 00 00 13	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Child
1045	1045	00 00 00 14	00 00 00 00	00 00 00 00 00 00	<input type="checkbox"/> Limited
1150	1150				<input type="checkbox"/> Other
1255	1255				

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	<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)
	<u>No violations noted</u>

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 823-2514
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 5-21-14