

**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 Boynton Bch. Community H/S
 ADDRESS 4975 Park Ridge Blvd. CITY Boynton Bch.
 OWNER PBCSD ZIP 33426
 PERSON IN CHARGE Lon Stockley PHONE (561)752-1228

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
08	05
08	06
08	07
08	08
08	09
08	10
08	11
08	12
08	13
08	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
1:45 P.	1:00 P.	08/24/11	00433	50-48-01004	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input checked="" type="checkbox"/> School <input type="checkbox"/> Residen. <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other

This report is subject to the provisions of Chapter 64E-11 of the Florida Administrative Code and may be searched. Continued operation of this facility is contingent upon the compliance with Chapter 64E-11, Florida Administrative Code and Chapters 38 and 39 of the Statutes. Violations must be corrected in the time period specified in the Results section above or an administrative fine or other legal action will be initiated.

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

ITEM NUMBERS	Temp. Observed	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Serv. Line # 1	
	Steam table:	Spinach 173° F, rice 160° F, chicken 153° F.
	Warmer:	chicken 149° F, burrito 153° F.
	Line Cooler:	milk 40° F exp 09/03/11.
	Reach in Cooler:	amb. 40° F, peach cup 39° F.
HEALTH DEPARTMENT INSPECTOR	<u>R. Acosta</u>	PHONE: <u>(561) 274-3188</u>
COPY OF REPORT RECEIVED BY:	<u>Lon Stockley</u>	DATE: <u>08/24/11</u>

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

ESTABLISHMENT/FACILITY

Boynton Bch. Comm. H/S.

Pg #2 of 2

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT



Date 08/24/11

Identification No. 50-48-01004

Comments and Instructions (Continued from Page 1):

Serv. Line #2

Steam table: pizza 153°F, chicken nuggets 151°F.

Line Cooler: milk 39°F exp. 09/03/11.

Warmer: chicken 151°F.

Reach in Cooler: amb. 40°F, milk 39°F, exp. 09/05/11.

Kitchen Equipment

Reach in Freezer: amb. 10°F, all food frozen.

Walk in Cooler: amb. 36°F, milk 38°F exp. 09/05/11.

Walk in Freezer: amb. 0°F, all food frozen.

Dish machine working at 160°F during inspection.

Food station #1 (Snack Bar).

Reach in Cooler: amb. 38°F, drink's storage.

Line Cooler: milk 38°F, exp. 09/05/11.

Warmer: pizza 153°F, chicken nuggets 149°F.

Satisfactory Inspection

Handwritten initials

Copy of Report Received by

Handwritten signature

Inspector

Handwritten signature