

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



**PURPOSE:**

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

**FOOD SERVICE  
INSPECTION REPORT**

**NAME OF ESTABLISHMENT** Pedro Menendez High School  
**ADDRESS** 600 SR 206      **CITY** St Augustine  
**OWNER** St Johns County School District      **ZIP** 32086  
**PERSON IN CHARGE** Tracey Facetti      **PHONE** 547-8660

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE		
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

OUT OF BUSINESS

BEGIN	END
1100	1138
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE	
4 5 11	
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14

POSITION #	
34250	
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14

CERTIFICATE NUMBER	
55-48-00154	
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14

TYPE
<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

*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.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
32	clean around edges of scoop holder in ice machine
*	all cart items < 140 in warmer but will be used w/in 4h window & left overs disposed of.

HEALTH DEPARTMENT INSPECTOR: Ambly Smith      PHONE: 823-2514 x103  
COPY OF REPORT RECEIVED BY: Tracey Facetti      DATE: 4-5-11