

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

RESULTS
Satisfactory
Incomplete
Unsatisfactory
Correct Violations by
Next Inspection
8:00 AM on:
DATE
OUT OF BUSINESS

NAME OF ESTABLISHMENT
ADDRESS
OWNER
PERSON IN CHARGE
CITY
ZIP
PHONE

Table with columns: BEGIN, END, DATE, POSITION #, CERTIFICATE NUMBER, TYPE

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected.

FOOD SUPPLIES
FOOD PROTECTION
PERSONNEL
EQUIPMENT/UTENSILS
SANITARY FACILITIES AND CONTROLS
OTHER FACILITIES AND OPERATIONS
TEMPORARY FOOD SERVICE EVENTS
VENDING MACHINES
MANAGER CERTIFICATION
CERTIFICATES AND FEES
INSPECTION/ENFORCEMENT

Table with columns: ITEM NUMBERS, COMMENTS AND INSTRUCTIONS

HEALTH DEPARTMENT INSPECTOR:
PHONE: