

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



PURPOSE:

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

FOOD SERVICE
INSPECTION REPORT

RESULTS

- Satisfactory, Incomplete, Unsatisfactory, Correct Violations by Next Inspection, 8:00 AM on:

NAME OF ESTABLISHMENT Greenwood Selin
ADDRESS 6183 NW 28th Hwy 41W CITY Jasper
OWNER Hamilton Co. School Bd ZIP 32032
PERSON IN CHARGE ms s PHONE 792-6530

Table with columns BEGIN, END, and handwritten times like 11:00 AM, 1:30 PM.

Table with columns DATE and handwritten date 09 25 09.

Table with columns POSITION # and handwritten number 28029.

Table with columns CERTIFICATE NUMBER and handwritten number 24-48-00004.

- TYPE: Hospital, Nursing, Detention, Lounge, Civic, Movie, School, Residen., Child, Limited, Other

Table with columns DATE and handwritten date 09 25 09.

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, 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 and COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR Ron Taha PHONE 792-1414 ext 227