

Milk 41

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 Ridgeview Global Studies Academy  
 ADDRESS 1000 Dunson Rd CITY Winterport  
 OWNER Ralph Finer ZIP 32837  
 PERSON IN CHARGE Robin Morehead PHONE 803-419-3198

RESULTS

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

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

DATE
<u>100108</u>
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
<u>80100</u>
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

CERTIFICATE NUMBER
<u>53-48-01991</u>
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<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

DATE
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input checked="" type="checkbox"/> 03
<input checked="" type="checkbox"/> 04
<input checked="" type="checkbox"/> 05
<input checked="" type="checkbox"/> 06
<input checked="" type="checkbox"/> 07
<input checked="" type="checkbox"/> 08
<input checked="" type="checkbox"/> 09
<input checked="" type="checkbox"/> 10
<input checked="" type="checkbox"/> 11
<input checked="" type="checkbox"/> 12
<input checked="" type="checkbox"/> 13
<input checked="" type="checkbox"/> 14
<input type="checkbox"/> OUT OF BUSINESS

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.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> 1. Sources, etc.                    | <input type="checkbox"/> 14. Sneeze guards                            | <input type="checkbox"/> 27. Design and fabrication              | <b>OTHER FACILITIES</b>   |
| <b>FOOD PROTECTION</b>                                       | <input type="checkbox"/> 15. Transportation of food                   | <input type="checkbox"/> 28. Installation and location           | <b>AND OPERATIONS</b>   |
| <input type="checkbox"/> 2. Stored temperature               | <input type="checkbox"/> 16. Poisonous/Toxic materials                | <input checked="" type="checkbox"/> 29. Cleanliness of equipment | <input checked="" type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing                  | <b>TEMPORARY FOOD</b>   |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES</b>                                       | <b>SERVICE EVENTS</b>   |
| <input type="checkbox"/> 5. Raw fruits                       | <input type="checkbox"/> 18. Cleanliness                              | <b>AND CONTROLS</b>  | <input type="checkbox"/> 40. Temporary food service events              |
| <input type="checkbox"/> 6. Pork cooking                     | <input type="checkbox"/> 19. Tobacco use                              | <input type="checkbox"/> 31. Water supply                        | <b>VENDING MACHINES</b>   |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 20. Handwashing                              | <input type="checkbox"/> 32. Ice                                 | <input type="checkbox"/> 41. Vending machines                           |
| <input type="checkbox"/> 8. Other animal cooking             | <input type="checkbox"/> 21. Handling of dishware                     | <input type="checkbox"/> 33. Sewage                              | <b>MANAGER CERTIFICATION</b>  |
| <input type="checkbox"/> 9. Least contact/Reheating          | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 34. Plumbing                            | <input type="checkbox"/> 42. Manager certification                      |
| <input checked="" type="checkbox"/> 10. Food container       | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 35. Toilet facilities                   | <b>CERTIFICATES AND FEES</b>  |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 36. Handwashing facilities              | <input type="checkbox"/> 43. Certificates and fees                      |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 24. Ice storage/Counter-protector            | <input type="checkbox"/> 37. Garbage disposal                    | <b>INSPECTION/ENFORCEMENT</b>   |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control                      | <input type="checkbox"/> 44. Inspection/Enforcement                     |
|  | <input type="checkbox"/> 26. Dishwashing facilities                   |  |   |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
<u>(10) Out dated buttermilk</u>	<u>(29) Spoiled slices</u>
<u>on vent in dry storage</u>	<u>(39) Dust/mold? buildup</u>

HEALTH DEPARTMENT INSPECTOR: Kimberly Davis PHONE: 514-8330 x1108