

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
FOOD SERVICE  
INSPECTION REPORT**

**PURPOSE:**

- ROUTINE       RESTRICTION  
 COMPLAINT     CHANGE OF OWNER  
 COMPLAINT     CONSULTATION  
 QUASURY       OTHER  
 OTHER

NAME OF ESTABLISHMENT Columbia High School  
 ADDRESS 499 SW Fighting Tiger Dr CITY Lake City  
 OWNER DCSD ZIP 32025  
 PERSON IN CHARGE Teresa O'Steen PHONE 755 8080

**RESULTS**

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

REG. NO.	EXPI.
7012	11/18/08

DATE	POSITION #
11/18/08	45755

CERTIFICATE NUMBER
12-48-00003

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Clerk
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Welfare
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
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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"/> <b>FOOD SUPPLIES</b>            | <input type="checkbox"/> 14. Snow pants                            | <input type="checkbox"/> 27. Design and fabrication              | <input type="checkbox"/> <b>OTHER FACILITIES AND OPERATIONS</b> |
| <input type="checkbox"/> 1. Scales, etc.                 | <input type="checkbox"/> 15. Transportation of food                | <input type="checkbox"/> 28. Installation and location           | <input type="checkbox"/> 29. Other facilities and operations    |
| <input type="checkbox"/> <b>FOOD PROTECTION</b>          | <input type="checkbox"/> 16. Personnel/Toilets materials           | <input type="checkbox"/> 29. Classification of equipment         | <input type="checkbox"/> <b>TEMPORARY FOOD SERVICE EVENTS</b>   |
| <input type="checkbox"/> 2. Stored temporarily           | <input type="checkbox"/> <b>PERSONNEL</b>                          | <input type="checkbox"/> 30. Methods of washing                  | <input type="checkbox"/> 40. Temporary food service events      |
| <input type="checkbox"/> 3. No leather soled/shoed soled | <input type="checkbox"/> 17. Exclusion of personnel                | <input type="checkbox"/> 30. Methods of washing                  | <input type="checkbox"/> <b>VENDING MACHINES</b>                |
| <input type="checkbox"/> 4. Thawing                      | <input type="checkbox"/> 18. Cleanliness                           | <input type="checkbox"/> <b>SANITARY FACILITIES AND CONTROLS</b> | <input type="checkbox"/> 41. Vending machines                   |
| <input type="checkbox"/> 5. Raw meat                     | <input type="checkbox"/> 19. Tobacco use                           | <input type="checkbox"/> 31. Water supply                        | <input type="checkbox"/> <b>MANAGER CERTIFICATION</b>           |
| <input type="checkbox"/> 6. Pork cooking                 | <input type="checkbox"/> 20. Handwashing                           | <input type="checkbox"/> 32. Ice                                 | <input type="checkbox"/> 42. Manager certification              |
| <input type="checkbox"/> 7. Poultry cooking              | <input type="checkbox"/> 21. Handling of dishes                    | <input type="checkbox"/> 33. Sewage                              | <input type="checkbox"/> <b>CERTIFICATES AND FEES</b>           |
| <input type="checkbox"/> 8. Other animal cooking         | <input type="checkbox"/> <b>EQUIPMENT/UTENSILS</b>                 | <input type="checkbox"/> 34. Plumbing                            | <input type="checkbox"/> 43. Certificates and fees              |
| <input type="checkbox"/> 9. Leafy greens/vegetables      | <input type="checkbox"/> 22. Refrigeration facilities/Transmission | <input type="checkbox"/> 35. Toilet facilities                   | <input type="checkbox"/> <b>INSPECTION/ENFORCEMENT</b>          |
| <input type="checkbox"/> 10. Food contact                | <input type="checkbox"/> 23. Sinks                                 | <input type="checkbox"/> 36. Handwashing facilities              | <input type="checkbox"/> 44. Inspection/enforcement             |
| <input type="checkbox"/> 11. Buffet operations           | <input type="checkbox"/> 24. Ice storage/Crusher/peeler            | <input type="checkbox"/> 37. Garbage disposal                    |   |
| <input type="checkbox"/> 12. Self-service restaurants    | <input type="checkbox"/> 25. Ventilation/Exhaust/Fire equipment    | <input type="checkbox"/> 38. Vermin control                      |   |
| <input type="checkbox"/> 13. Barriers of food            | <input type="checkbox"/> 26. Dishwashing facilities                |  |   |

ITEM NUMBERS

**COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

*Premises appear satisfactory.*

*Teresa O'Steen*

COUNTY DEPARTMENT (POST)

PHONE

COPY OF REPORT RECEIVED BY

DATE

Do Form 4021, 1/98 (Replaces Previous Editions)

*755 8080*  
*11/18/08*

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