

**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**

Inspected by: Boyd H. Anderson  
 License No: NY 41st CITY: Law  
 Name: Shelby Board ZIP: \_\_\_\_\_  
 Address: Morren Chebat PHONE: 101

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

10:00 am	11:00 am
11:00 am	12:00 pm
12:00 pm	1:00 pm
1:00 pm	2:00 pm
2:00 pm	3:00 pm
3:00 pm	4:00 pm
4:00 pm	5:00 pm
5:00 pm	6:00 pm
6:00 pm	7:00 pm
7:00 pm	8:00 pm
8:00 pm	9:00 pm
9:00 pm	10:00 pm
10:00 pm	11:00 pm
11:00 pm	12:00 am

2	6	0
05	06	07
08	09	10
11	12	13
14		

0	8	8
05	06	07
08	09	10
11	12	13
14		

06	8	009
05	06	07
08	09	10
11	12	13
14		

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

05
06
07
08
09
10
11
12
13
14
OUT OF BUSINESS

- |  |   |  |   |
|--|---|--|---|
| <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 | <input checked="" type="checkbox"/> 39. Other facilities and operations |
| <b>FOOD PROTECTION</b>                                       | <input type="checkbox"/> 16. Poisonous/Toxic materials                | <input type="checkbox"/> 29. Cleanliness of equipment  | <b>TEMPORARY FOOD SERVICE EVENTS</b>                                    |
| <input type="checkbox"/> 2. Stored temperature               | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing        | <input type="checkbox"/> 40. Temporary food service events              |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES AND CONTROLS</b>                | <b>VENDING MACHINES</b>   |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 18. Cleanliness                              | <input type="checkbox"/> 31. Water supply              | <input type="checkbox"/> 41. Vending machines                           |
| <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                    | <input type="checkbox"/> 42. Manager certification                      |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 21. Handling of dishware                     | <input type="checkbox"/> 34. Plumbing                  | <b>CERTIFICATES AND FEES</b>  |
| <input type="checkbox"/> 8. Other animal cooking             | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 35. Toilet facilities         | <input type="checkbox"/> 43. Certificates and fees                      |
| <input type="checkbox"/> 9. Least contact/Reheating          | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 36. Handwashing facilities    | <b>INSPECTION/ENFORCEMENT</b>   |
| <input type="checkbox"/> 10. Food container                  | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 37. Garbage disposal          | <input type="checkbox"/> 44. Inspection/Enforcement                     |
| <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)
(39)	light out in lounge room (39) vents above stove area unclean

HEALTH DEPARTMENT INSPECTOR: Ryan Ragsdale PHONE: 954-604-1716  
 COPY OF REPORT RECEIVED BY: Shelby Board DATE: 02/16/10