STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE
INSPECTION REPORT

PURPOSE:

NAME OF ESTABLISHMENT

ADDRESS _____ CITY _____

OWNER ZIP

PERSON IN CHARGE _____ PHONE _____

RESULTS

Satisfactory
Incomplete
Unsatisfactory

Correct Violations by
Next Inspection
8:00 AM on:

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE	DATE
1 00	1 00			- 4 8 -		0 0 0 0 06
2 05 AM	2 05 AM					
3 10 PM	3 10 PM	0 0 0 0 0	0 0 0 0 0	0 0 0 0	0 0 0 0 0	1 1 1 1 06
4 15	4 15	1 1 1 1 1 06	1 1 1 1 1	1 1 1 1	1 1 1 1 1	2 2 2 07
5 20	5 20	2 2 2 07	2 2 2 2 2	2 2 2 2	2 2 2 2 2	3 3 3 08
6 25	6 25	3 3 3 08	3 3 3 3 3	3 3 3 3	3 3 3 3 3	4 4 09
7 30	7 30	4 4 09	4 4 4 4 4	4 4 4	4 4 4 4 4	5 5 10
8 35	8 35	5 5 10	5 5 5 5 5	5 5 5 5	5 5 5 5 5	6 6 11
9 40	9 40	6 6 11	6 6 6 6 6	6 6 6 6	6 6 6 6 6	7 7 12
10 45	10 45	7 7 12	7 7 7 7 7	7 7 7 7	7 7 7 7 7	8 8 13
11 50	11 50	8 8 13	8 8 8 8 8	8 8 8	8 8 8 8 8	9 9 14
12 55	12 55	9 9 14	9 9 9 9 9	9 9 9	9 9 9 9 9	OUT OF BUSINESS

FOOD SUPPLIES

FOOD PROTECTION

PERSONNEL

SANITARY FACILITIES AND CONTROLS

EQUIPMENT UTENSILS

OTHER FACILITIES AND OPERATIONS

TEMPORARY FOOD SERVICE EVENTS

VENDING MACHINES

MANAGER CERTIFICATION

CERTIFICATES AND FEES

INSPECTION ENFORCEMENT

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(Continue on attached sheet)

PHONE

ESTABLISHMENT/FACILITY