

**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**



NAME OF ESTABLISHMENT Harrison Arts
 ADDRESS 950 Hollingsworth Rd CITY Labeland
 OWNER PCSIB ZIP 33801
 PERSON IN CHARGE Sandy Lawson PHONE 999-2913

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:00	11:15	12/14/11	801102	53-48-1373250	<input checked="" type="checkbox"/> School
01:00	01:00	05			<input type="checkbox"/> Hospital
02:05 AM	02:05 PM	06			<input type="checkbox"/> Nursing
03:10 PM	03:10 PM	07			<input type="checkbox"/> Detention
04:15	04:15	08			<input type="checkbox"/> Lounge
05:20	05:20	09			<input type="checkbox"/> Civic
06:25	06:25	10			<input type="checkbox"/> Movie
07:30	07:30	11			<input type="checkbox"/> Residen.
08:35	08:35	12			<input type="checkbox"/> Child
09:40	09:40	13			<input type="checkbox"/> Limited
10:45	10:45	14			<input type="checkbox"/> Other

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	OTHER FACILITIES AND OPERATIONS <input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	
<input type="checkbox"/> 4. Thawing	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	
<input type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>No violations</u>

HEALTH DEPARTMENT INSPECTOR: Rina Solanki PHONE: 59-8330 x.12109
 COPY OF REPORT RECEIVED BY: Not Smith DATE: 12/14/11
 DH Form 4023, 1/05 (Obsoletes Previous Editions) Not Smith
 CHD/HEADQUARTERS