

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



**Facility Information**

**RESULT:** Satisfactory

Permit Number: 55-48-00016 Name of Facility: MURRAY MIDDLE SCHOOL Address: 150 N HOLMES Boulevard City, Zip: Saint Augustine 32084	
Type: School (9 months or less) Owner: MURRAY MIDDLE SCHOOL Person In Charge: MURRAY MIDDLE SCHOOL PIC Email:	
Phone: (904) 547-3963	

**Inspection Information**

Purpose: Routine Inspection Date: 9/13/2019 Correct By: None <b>Re-Inspection Date: None</b>	Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0 Facility Grade: N/A Stop Sale: No	Begin Time: 01:00 PM End Time: 01:30 PM
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*Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection*

**FoodBorne Illness Risk Factors And Public Health Interventions**

<p><b>SUPERVISION</b></p> <p><u>IN</u> 1. Demonstration of Knowledge/Training</p> <p><u>IN</u> 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></p> <p><u>IN</u> 3. Knowledge, responsibilities and reporting</p> <p><u>IN</u> 4. Proper use of restriction and exclusion</p> <p><u>IN</u> 5. Responding to vomiting &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p><u>IN</u> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><u>NO</u> 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p><u>IN</u> 8. Hands clean &amp; properly washed</p> <p><u>IN</u> 9. No bare hand contact with RTE food</p> <p><u>IN</u> 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></p> <p><u>IN</u> 11. Food obtained from approved source</p> <p><u>IN</u> 12. Food received at proper temperature</p> <p><u>IN</u> 13. Food in good condition, safe, &amp; unadulterated</p> <p><u>NA</u> 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p><u>IN</u> 15. Food separated &amp; protected; Single-use gloves</p>	<p><u>IN</u> 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p><u>IN</u> 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p><u>IN</u> 18. Cooking time &amp; temperatures</p> <p><u>NO</u> 19. Reheating procedures for hot holding</p> <p><u>NO</u> 20. Cooling time and temperature</p> <p><u>IN</u> 21. Hot holding temperatures</p> <p><u>IN</u> 22. Cold holding temperatures</p> <p><u>IN</u> 23. Date marking and disposition</p> <p><u>IN</u> 24. Time as PHC; procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p><u>NA</u> 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p><u>NA</u> 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p><u>IN</u> 27. Food additives: approved &amp; properly used</p> <p><u>IN</u> 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p><u>NA</u> 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature:

*Buky Williams*

*Emailed*

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**Good Retail Practices**

**SAFE FOOD AND WATER**

NA 30. Pasteurized eggs used where required

IN 31. Water & ice from approved source

NO 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

NA 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

NO 35. Approved thawing methods

IN 36. Thermometers provided & accurate

**FOOD IDENTIFICATION**

IN 37. Food properly labeled; original container

**PREVENTION OF FOOD CONTAMINATION**

IN 38. Insects, rodents, & animals not present

IN 39. No Contamination (preparation, storage, display)

IN 40. Personal cleanliness

IN 41. Wiping cloths: properly used & stored

IN 42. Washing fruits & vegetables

**PROPER USE OF UTENSILS**

IN 43. In-use utensils: properly stored

IN 44. Equipment & linens: stored, dried, & handled

IN 45. Single-use/single-service articles: stored & used

NO 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

IN 47. Food & non-food contact surfaces

IN 48. Ware washing: installed, maintained, & used; test strips

IN 49. Non-food contact surfaces clean

**PHYSICAL FACILITIES**

IN 50. Hot & cold water available; adequate pressure

IN 51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

IN 54. Garbage & refuse disposal

IN 55. Facilities installed, maintained, & clean

IN 56. Ventilation & lighting

IN 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

**Violations Comments**

No Violation Comments Available

**General Comments**

No violations at time of inspection.

Email Address(es): Becky.Williams@stjohns.k12.fl.us

Inspection Conducted By: Brittany Moore (955211)  
Inspector Contact Number: Work: (904) 209-3250 ex. 1184  
Print Client Name:  
Date: 9/13/2019

Inspector Signature:

Form Number: DH 4023 03/18

Client Signature:

Emailed

55-48-00016 MURRAY MIDDLE SCHOOL