**STATE OF FLORIDA**
**DEPARTMENT OF HEALTH**
**JACKSON COUNTY HEALTH DEPARTMENT**

**FOOD SERVICE INSPECTION REPORT**

**NAME OF ESTABLISHMENT:** Ever Elementary Kitchen  
**ADDRESS:** 205 SE Avenue G  
**CITY:** Belle Glade  
**OWNER:** PBC Board  
**PERSON IN CHARGE:** M. Koehnke  
**PHONE:** 561-493-8114

**RESULTS**
- Satisfactory
- Correct Violations by Next Inspection
- Date: 07/25/07
- Time: 8:00 AM on:

<table>
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<th>TYPE</th>
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<td>Hospital</td>
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<td>Nursing</td>
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<td>Detention</td>
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<td>Limited</td>
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<td>Other</td>
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**FOOD SUPPLIES**
- 1. Sources, etc.

**FOOD PROTECTION**
- 1. Not in proper storage temperature
- 2. No failure cooking/Rapid cooling
- 3. No failure refrigeration
- 4. Thawing
- 5. Raw ingredients
- 6. Pork cooking
- 7. Poultry cooking
- 8. Other animal cooking
- 9. Responding to reheating
- 10. Food container
- 11. Buffet requirements
- 12. Self-service conditions
- 13. Reuse of food

**PERSONNEL**
- 14. Source samples
- 15. Transportation of food
- 16. Poisonous/Toxic materials
- 17. Examination of personnel
- 18. Sanitary personnel
- 19. Tobacco use
- 20. Handwashing
- 21. Handling of dishware
- 22. Refrigeration facilities
- 23. Sink
- 24. Ice storage
- 25. Ventilation/Storage
- 26. Refuse collection

**EQUIPMENT/UTENSILS**
- 27. Design and fabrication
- 28. Installation and location
- 29. Cleanliness of equipment
- 30. Methods of washing
- 31. Water supply
- 32. Ice
- 33. Sewage
- 34. Plumbing
- 35. Toilet facilities
- 36. Handwashing facilities
- 37. Garbage disposal

**SANITARY FACILITIES AND CONTROLS**
- 38. Ventilation

**OTHER FACILITIES AND OPERATIONS**
- 39. Other facilities and operations

**TEMPORARY FOOD SERVICE EVENTS**
- 40. Temporary food service events

**VENDING MACHINES**
- 41. Vending machines

**MANAGER CERTIFICATION**
- 42. Manager certification

**CERTIFICATES AND FEES**
- 43. Certificates and fees

**INSPECTION/ENFORCEMENT**
- 44. Inspection/Enforcement

**COMMENTS AND INSTRUCTIONS**
- Continue routine cleaning on equipment utensils and storage areas

**Anne Turner, A.I.**

**HEALTH DEPARTMENT INSPECTOR:** J. Hilliard

**COPY OF REPORT RECEIVED BY:** K. M. Kildal

**DATE:** 07/25/07

**ESTABLISHMENT/FACILITY**

DH Form 4223 1/05 (Obsoletes Previous Editions)