

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT



PURPOSE:

- ROUTINE
- REINSPECTION
- CONSTRUCTION
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- QUI SURVEY
- OTHER
- OTHER

FOOD SERVICE  
INSPECTION REPORT

NAME OF ESTABLISHMENT: Florida Power Plant  
ADDRESS: 14401 N. ... CITY: MELBOURNE  
OWNER: ... ZIP: 32901  
PERSON IN CHARGE: ... PHONE: 321-261-8280

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
0 0 0 0 0 0 0 5
1 1 1 1 1 1 0 6
2 2 2 2 2 2 0 7
3 3 3 3 3 3 0 8
4 4 4 4 4 4 0 9
5 5 5 5 5 5 1 0
6 6 6 6 6 6 1 1
7 7 7 7 7 7 1 2
8 8 8 8 8 8 1 3
9 9 9 9 9 9 1 4

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00				
2:05 AM	2:05 AM	11/1		- 4 8 -	<input type="checkbox"/> Hospital
3:10 PM	3:10 PM	0 0 0 0 0 5	0 0 0 0 0 0	0 0 0 0 0 0 0 0	<input type="checkbox"/> Nursing
4:15	4:15	1 1 1 1 1 0 6	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	<input type="checkbox"/> Detention
5:20	5:20	2 2 2 2 2 0 7	2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2	<input type="checkbox"/> Lounge
6:25	6:25	3 3 3 3 3 0 8	3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3	<input type="checkbox"/> Civic
7:30	7:30	4 4 4 4 4 0 9	4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4	<input type="checkbox"/> Movie
8:35	8:35	5 5 5 5 5 1 0	5 5 5 5 5 5 5 5	5 5 5 5 5 5 5 5	<input checked="" type="checkbox"/> School
9:40	9:40	6 6 6 6 6 1 1	6 6 6 6 6 6 6 6	6 6 6 6 6 6 6 6	<input type="checkbox"/> Residen.
10:45	10:45	7 7 7 7 7 1 2	7 7 7 7 7 7 7 7	7 7 7 7 7 7 7 7	<input type="checkbox"/> Child
11:50	11:50	8 8 8 8 8 1 3	8 8 8 8 8 8 8 8	8 8 8 8 8 8 8 8	<input type="checkbox"/> Limited
12:55	12:55	9 9 9 9 9 1 4	9 9 9 9 9 9 9 9	9 9 9 9 9 9 9 9	<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 checked="" type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b>	
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location		<input checked="" type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous-Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment		<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 4. Thawing	<b>PERSONNEL</b>	<input type="checkbox"/> 30. Methods of washing		<b>VENDING MACHINES</b>
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>MANAGER CERTIFICATION</b>	
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<b>CERTIFICATES AND FEES</b>	
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<b>INSPECTION/ENFORCEMENT</b>	
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage		
<input type="checkbox"/> 9. Least contact/Reheating	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 34. Plumbing		
<input type="checkbox"/> 10. Food container	<input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Toilet facilities		
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities		
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal		
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control		
	<input type="checkbox"/> 26. Dishwashing facilities			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

COPY OF REPORT RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DH Form 4023, 1/05 (Obsoletes Previous Editions)

