

LEGAL NOTICE
Food Service Inspection Report

MET INSPECTION STANDARDS during this visit

FOLLOW-UP INSPECTION REQUIRED
Violations require further review, but are not an immediate threat to the public.

FACILITY TEMPORARILY CLOSED
Operations ordered stopped until violations are corrected.

LICENSE TYPE

2010 Permanent Food Service
 2012 Theme Park Food Cart
 2013 Catering
 2014 Mobile Food Dispensing Vehicle
 2015 Vending Machine
 2051 Unlicensed Food

LICENSE NUMBER *Unlicensed*

REMINDER: Your license expires 1/1

Original Visit Callback
 FOR CALLBACKS, ORIGINAL VISIT DATE WAS: 1/1

INSPECTION TYPE

Unscheduled (ROUT)
 Licensing (LIC)
 Complaint Full (COMP)
 Complaint Partial (CPAR)
 Disaster Response (DSTR)
 Service Request (SERV)
 Quality Assurance (QA)
 Training (TRNG)

Owner Name: *PARIC*
TRAILER - ESTATES REC-DIST

Business (DBA) Name: *TRAILER ESTATES PARKER REC SNACK BAR*

Location Address: *1903 65 AVE W*
BRADENTON

City, State, Zip: *BRADENTON*

Seats/Unit: *416*

Inspector Area	Visit Date			Visit Time	
	Month	Day	Year	Start	End
<i>81</i>	<i>2</i>	<i>5</i>	<i>2010</i>	<i>2:45p</i>	<i>4:00p</i>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Items marked "OUT" of compliance require immediate corrective action)

The circled letters to the left of each item indicate that item's status at the time of inspection
 IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Mark "X" in appropriate box for COS and/or R
 COS = corrected on-site during inspection R = repeat violation

COMPLIANCE STATUS					COS	R
Approved Source	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		01a	Food obtained from approved source	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	01b	Wholesome, sound condition	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	02	Original container, properly labeled, date marking, shell stock tags	
Consumer Advisory	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	02-11	Consumer advisory on raw/undercooked oysters	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	02-13	Consumer advisory on raw/undercooked animal products	
Potentially Hazardous Food Time/Temperature	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	03a	Cold food at proper temperatures during storage, display, service, transport, and cold holding	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	03b	Hot food at proper temperature	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	03c	Foods properly cooked/reheated	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	03d	Foods properly cooled	
Protection from Contamination	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		07	Unwrapped or potentially hazardous food not re-served	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		08a	Food protection during storage, preparation, display, service, transportation	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		08b	Cross-contamination, equipment, personnel, storage	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		22	Food contact surfaces clean and sanitized	
Personnel	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	09	Foods handled with minimum contact	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		11	Personnel with infections restricted	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	12a	Hands washed and clean, good hygienic practices (observed), alternative operating plan	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	12b	Proper hygienic practices, eating/drinking/smoking (evidence)	
	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT		32	Restrooms with self-closing doors, fixtures operate properly, facility clean, supplied with hand soap, disposable towels or hand drying devices, tissue, covered waste receptacles	
Chemical	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		41a	Toxic substances properly stored	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		41b	Toxic substances properly labeled, used	
Demonstration of Knowledge	<input checked="" type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT		53a	Food management certification valid	
	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		53b	Employee Training verification	PROGRAM:

TEMPERATURE OBSERVATIONS				CERTIFIED FOOD MANAGERS		
Item/Location	Temp	Item/Location	Temp	Name	Date	
<i>Frozen Foods - Frozen Solid</i>		<i>Frozen Solid</i>				
<i>Slippy Juice</i>	<i>40°F</i>	<i>reach-in cooler</i>				

INSPECTION DISPOSITION

Inspection Completed - No Further Action (ISAT) Callback - Complied (CBCM) Administrative Complaint Recommended (ACRO) Emergency Order Recommended (EOCL)

Warning Given (WARN) Callback - Extension Given (CBEX) Administrative Complaint Callback - Complied (ACCM) Emergency Order Callback - Complied (EOCM)

Seasonal (SEAS) Callback - Administrative Complaint Recommended (CBNO) Administrative Complaint Callback - Time Extension (ACEX) Emergency Order Callback - Time Extension (EOEX)

Closed - Out of Business (COFB) Administrative Determination Recommended (ADDT) Administrative Complaint Callback - Not Complied (ACNO) Emergency Order Callback - Not Complied (EONO)

FAILURE TO COMPLY WITH THIS NOTICE MAY INITIATE AN ADMINISTRATIVE COMPLAINT THAT MAY RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE AND FINES UP TO \$1,000 PER VIOLATION.

I acknowledge receipt of these inspection forms and comments. Violations must be corrected by: *4/15/2010*: AM PM ADDITIONAL VIOLATIONS & COMMENTS ON PAGE 2

Person in Charge Name (Please Print): *MARTHA BRAUER* Title: *CHAIRMAN* Inspector's Name (Please Print): *VICTORIA BAGLEY*

Person in Charge Signature: *Martha Brauer* Telephone: *941-750-7177* Inspector's Signature: *Victoria Bagley* Inspector's Telephone: *850-487-1301*



COMMENTS SHEET

Addendum to DBPR Forms HR 5022-005, 5022-014, 5022-015, 5022-082, or 5022-083. For comments to the Lodging, Food Service, or HACCP Inspection; Call Back/Reinspection Report, or HACCP Plan Verification.

- (02) No "Employees must wash hands" posted at kitchen handwash sink" (and restrooms used by ^{staff})
- (05) No thermometer in "Frigidare" freezer in kitchen
- (05) No conspicuous thermometer in "TRUE" 2 door reach-in cooler
- 14) Home style ~~K&G~~ black holder not designed easily to separate
- 18) Vent for gas water heater not fully connected to vent to outside ^(properly vented)
- 21) Food service operation for Bingo on Sunday and Wednesday night serving sandwiches snacks cakes to residents and their guests of Trailer Estates, ~~for~~ on site managers Martha Brauer (also previous review with Joe Salerno,) in operation without required license per Chapter 509 Florida Statutes. ~~Operating as~~ (Operating as a public food service Establishment.) Go to www.myfloridalicense.com/dbpr/HR. TRAILER ~~Estates~~ Estates does not appear to be permitted as a mobile home park by the ~~FLORIDA~~ FLORIDA Dept. of Health. OR Call 850 487-1345 for info.

Martha Brauer
 2/5/2010

[Signature]
 2/5/2010



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(51) Operating a new public food service establishment, ^{servicing} sandwiches, snacks, cakes to the public ~~without~~ without submitting and obtaining plan approval ~~from~~ from the Division of Hotels & Restaurants.

Go to www.myflorida.com/dbpr/hr for plan review application. or call 1 850 488-1133 for additional plan review info.

ALL FOOD MUST COME FROM APPROVED SOURCE

(53A) No certified food manager for establishment. (Required)

(53B) No proof upon request of food handler training for food employees.

SANITARY gloves / suitables available. Municipal water & sewer.

Walter J Brewer
 2/5/2010

Victoria P
 2/5/2010

JAN 29 2010 04:12:17

Florida Department of **VICTORIA BAGLEY**
Business **@DBPR.STATE.FL.US**
Professional *email*
Regulation
Victoria Bagley
Supervisor

License efficiently. Regulate fairly.
2995 VICTORIA AVE
Suite 133
FORT MYER, FL 33901
State of Florida
Division of Hotels and Restaurants
4100 Center Point Drive
Suite 104
Ft. Myers, Florida 33916-9460
Phone: 850.487.1395
Fax: ~~239.276.7339~~
www.MyFloridaLicense.com/dbpr
FAX (239) 344-4995