

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 03-48-00426  
 Name of Facility: Bay Haven Charter Academy  
 Address: 2501 Hawks Landing Boulevard  
 City, Zip: Panama City 32405

Type: School (9 months or less)  
 Owner: North Bay Haven Middle School & Career Academy  
 Person In Charge: Surber, Tammy Phone: (850) 248-0298  
 PIC Email:

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 12:30 PM
Inspection Date: 3/4/2026	Number of Repeat Violations (1-57 R): 0	End Time: 01:30 PM
Correct By: None	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	Stop Sale: No	

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

*[Handwritten Signature]*

Client Signature:

*[Handwritten Signature]*

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**Good Retail Practices**

<p><b>SAFE FOOD AND WATER</b></p> <p><input checked="" type="checkbox"/> 30. Pasteurized eggs used where required</p> <p><input checked="" type="checkbox"/> 31. Water &amp; ice from approved source</p> <p><input checked="" type="checkbox"/> 32. Variance obtained for special processing</p> <p><b>FOOD TEMPERATURE CONTROL</b></p> <p><input checked="" type="checkbox"/> 33. Proper cooling methods; adequate equipment</p> <p><input checked="" type="checkbox"/> 34. Plant food properly cooked for hot holding</p> <p><input checked="" type="checkbox"/> 35. Approved thawing methods</p> <p><input checked="" type="checkbox"/> 36. Thermometers provided &amp; accurate</p> <p><b>FOOD IDENTIFICATION</b></p> <p><input checked="" type="checkbox"/> 37. Food properly labeled; original container</p> <p><b>PREVENTION OF FOOD CONTAMINATION</b></p> <p><input checked="" type="checkbox"/> 38. Insects, rodents, &amp; animals not present</p> <p><input checked="" type="checkbox"/> 39. No Contamination (preparation, storage, display)</p> <p><input checked="" type="checkbox"/> 40. Personal cleanliness</p> <p><input checked="" type="checkbox"/> 41. Wiping cloths: properly used &amp; stored</p> <p><input checked="" type="checkbox"/> 42. Washing fruits &amp; vegetables</p> <p><b>PROPER USE OF UTENSILS</b></p> <p><input checked="" type="checkbox"/> 43. In-use utensils: properly stored</p> <p><input checked="" type="checkbox"/> 44. Equipment &amp; linens: stored, dried, &amp; handled</p> <p><input checked="" type="checkbox"/> 45. Single-use/single-service articles: stored &amp; used</p>	<p><input checked="" type="checkbox"/> 46. Slash resistant/cloth gloves used properly</p> <p><b>UTENSILS, EQUIPMENT AND VENDING</b></p> <p><input checked="" type="checkbox"/> 47. Food &amp; non-food contact surfaces</p> <p><input checked="" type="checkbox"/> 48. Ware washing: installed, maintained, &amp; used; test strips</p> <p><input checked="" type="checkbox"/> 49. Non-food contact surfaces clean</p> <p><b>PHYSICAL FACILITIES</b></p> <p><input checked="" type="checkbox"/> 50. Hot &amp; cold water available; adequate pressure</p> <p><input checked="" type="checkbox"/> 51. Plumbing installed; proper backflow devices</p> <p><input checked="" type="checkbox"/> 52. Sewage &amp; waste water properly disposed</p> <p><input checked="" type="checkbox"/> 53. Toilet facilities: supplied, &amp; cleaned</p> <p><input checked="" type="checkbox"/> 54. Garbage &amp; refuse disposal</p> <p><input checked="" type="checkbox"/> 55. Facilities installed, maintained, &amp; clean</p> <p><input checked="" type="checkbox"/> 56. Ventilation &amp; lighting</p> <p><input checked="" type="checkbox"/> 57. Permit; Fees; Application; Plans</p>
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*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**

Satisfactory at time of inspection.

Email Address(es): surbetl@bayhaven.org

Inspection Conducted By: Kiana Yangson (51864)  
Inspector Contact Number: Work: (850) 481-4807 ex.  
Print Client Name: Tammy Surber  
Date: 3/4/2026

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

03-48-00426 Bay Haven Charter Academy