

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



PURPOSE:

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT: Glenn Springs Elem.
 ADDRESS: 2826 NW 31 Ave CITY: BVL
 OWNER: ACSB ZIP: 32605
 PERSON IN CHARGE: (non food mgr) ACSB PHONE: 955-6708

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

OUT OF BUSINESS

BEGIN	END
00	00
05 AM	05 AM
10 PM	10 PM
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE		
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

POSITION #		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CERTIFICATE NUMBER					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

TYPE	
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Detention
<input type="checkbox"/>	Lounge
<input type="checkbox"/>	Civic
<input type="checkbox"/>	Movie
<input checked="" type="checkbox"/>	School
<input type="checkbox"/>	Residen.
<input type="checkbox"/>	Child
<input type="checkbox"/>	Limited
<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 type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS	
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location		<input 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		TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	PERSONNEL	<input type="checkbox"/> 30. Methods of washing		<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES	
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines	
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION	
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification	
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES	
<input type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control		
	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment			
	<input type="checkbox"/> 26. Dishwashing facilities			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (contin on attached sheet)
	No food service @ time of inspection. (Kitchen was closed for the day). Walked around and checked all items to be inspected. All items O.K. except for the repeat issue/violation of: #23 Sink backside rusty w/ rust line coming down (food prep sink)
HEALTH DEPARTMENT INSPECTOR:	<u>Alan Lynn</u> PHONE: <u>334-7930</u> (repeat)
COPY OF REPORT RECEIVED BY:	<u>X left copy @ Kitchen mgr</u> DATE: <u>2/18/15</u> (issue)
in box	



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