

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



FOOD SERVICE
INSPECTION REPORT

PURPOSE:

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

NAME OF ESTABLISHMENT A.Q. JONES

ADDRESS 1108 NW 7th Ave. CITY GOV

OWNER S.B.A.C. ZIP 32601

PERSON IN CHARGE Carol Wing PHONE 955-6840

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:00	11:30	060209	26882	01-48-00345	<input type="checkbox"/> Hospital
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Nursing
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Detention
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Lounge
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Civic
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Movie
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Residen.
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Child
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Limited
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> Other
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	

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"/> FOOD SUPPLIES | <input type="checkbox"/> 14. Sneez guards <input checked="" type="checkbox"/> | <input type="checkbox"/> 27. Design and fabrication |
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 15. Transportation of food <i>warning bag</i> | <input type="checkbox"/> 28. Installation and location |
| <input type="checkbox"/> FOOD PROTECTION | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 2. Stored temperature <input checked="" type="checkbox"/> | PERSONNEL | <input type="checkbox"/> 30. Methods of washing |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 18. Cleanliness <input checked="" type="checkbox"/> | <input type="checkbox"/> 31. Water supply <i>145°F!</i> |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 20. Handwashing <input checked="" type="checkbox"/> | <input type="checkbox"/> 33. Sewage |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing |
| <input type="checkbox"/> 8. Other animal cooking | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 36. Handwashing facilities |
| <input type="checkbox"/> 10. Food container <input checked="" type="checkbox"/> | <input type="checkbox"/> 23. Sinks | <input checked="" type="checkbox"/> 37. Garbage disposal <i>dumpster</i> |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | |
| <input type="checkbox"/> 13. Reservice of food <input checked="" type="checkbox"/> | <input type="checkbox"/> 26. Dishwashing facilities <i>3 comp. sink - minimal cleaning/items required.</i> | |

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

ITEM NUMBERS Peak In Color @39-40°F COMMENTS AND INSTRUCTIONS (continue on attached sheet)

- * Minimal food storage. Hot foods catered from JJ Finley and reheated (165°F) before serving
- Bottom rusted-out in main Food Dumpster. (Notice #2)
- Paper towel dispensers in dining area of bathroom are empty. (Notice #2)
- Mops of dirty mop/water buckets, etc. should be removed from dining area during service.

HEALTH DEPARTMENT INSPECTOR: Lee R. Coates PHONE: 334-7430

COPY OF REPORT RECEIVED BY: Carol Wing DATE: 6-2-09