

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



Last Inspection:

**PURPOSE:**

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

**FOOD SERVICE  
INSPECTION REPORT**

**NAME OF ESTABLISHMENT** Glen Springs Elementary

**ADDRESS** 2826 NW 31st Ave      **CITY** Gul

**OWNER** SBA      **ZIP** 32605

**PERSON IN CHARGE** Mary Ann Lund      **PHONE** \_\_\_\_\_

**RESULTS**

Satisfactory

Incomplete

Unsatisfactory (quantity)

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
1:00	1:00	01/24/12	26882	01-48-00081	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	000005	000000	000000	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	010106	111111	111111	<input type="checkbox"/> Detention
4:15	4:15	22207	222222	222222	<input type="checkbox"/> Lounge
5:20	5:20	33308	333333	333333	<input type="checkbox"/> Civic
6:25	6:25	44409	444444	444444	<input type="checkbox"/> Movie
7:30	7:30	55510	555555	555555	<input checked="" type="checkbox"/> School
8:35	8:35	66611	666666	666666	<input type="checkbox"/> Residen.
9:40	9:40	77712	777777	777777	<input type="checkbox"/> Child
10:45	10:45	88813	888888	888888	<input type="checkbox"/> Limited
11:50	11:50	99914	999999	999999	<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"/>	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b>
<input type="checkbox"/> 2. Stored temperature <input checked="" type="checkbox"/>	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	
<input type="checkbox"/> 4. Thawing	<b>PERSONNEL</b>	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply <input checked="" type="checkbox"/>	<b>VENDING MACHINES</b>
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<b>MANAGER CERTIFICATION</b>
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage <input checked="" type="checkbox"/>	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<b>INSPECTION/ENFORCEMENT</b>
<input type="checkbox"/> 10. Food container <input checked="" type="checkbox"/>	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 35. Toilet facilities	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control <input checked="" type="checkbox"/>	

**ITEM NUMBERS**

**COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

*Return/donating facility appears clean w/ equipment in good working order*

*Recommend: label/date opened salad dressing containers in refrigerators.*

*Note: meals catered to Healthy Learning Academy*

**HEALTH DEPARTMENT INSPECTOR:** Lee R. Galt      **PHONE:** 331 7930

**COPY OF REPORT RECEIVED BY:** Amelia Fox      **DATE:** 1-29-12