

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT CW NORTON ELEMENTARY
 ADDRESS 2200 NW 45th Ave CITY GULF
 OWNER S.B.A.C. ZIP 32605
 PERSON IN CHARGE Tiffany Hester PHONE 334 2404

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations For
 Next Inspection
 8:00 AM on:

DATE	TIME
01	00
01	05
01	10
01	15
01	20
01	25
01	30
01	35
01	40
01	45
01	50
01	55

OUT OF BUSINESS

START	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
01:00	01:00	09/16/11	1487	01-48-00030	<input type="checkbox"/> Hospital
02:05 AM	02:05 AM				<input type="checkbox"/> Nursing
03:10 PM	03:10 PM				<input type="checkbox"/> Detention
04:15	04:15				<input type="checkbox"/> Lounge
05:20	05:20				<input type="checkbox"/> Civic
06:25	06:25				<input type="checkbox"/> Movie
07:30	07:30				<input checked="" type="checkbox"/> School
08:35	08:35				<input type="checkbox"/> Residen.
09:40	09:40				<input type="checkbox"/> Child
10:45	10:45				<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

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 | 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/Rcheating | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | CERTIFICATES AND FEES |
| <input checked="" 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 | |

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

* Kitchen facility & equipment very clean. Food temps & protection measures satisfactory.

Note: cafeteria entrance restrooms for kids need working exhaust fans.

HEALTH DEPARTMENT INSPECTOR: Lee Z Cook PHONE: 334 7930
 COPY OF REPORT RECEIVED BY: *1 7-112 0511 9.16.11 DATE: 9.16.11

DH Form 4023, 1/05 (Obsoletes Previous Editions)