

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: A. Q. Jones  
 ADDRESS: NW 2 Ave CITY: GL  
 OWNER: SB ZIP: 334  
 PERSON IN CHARGE: Moi Matheny PHONE: 334-7930

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END
1 01 30	1 01 30
2 05 AM	2 05 AM
3 10 PM	3 10 PM
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE	POSITION #
01/11/17	666
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	

POSITION #	CERTIFICATE NUMBER	TYPE
666	1-48-0040	School
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		

CERTIFICATE NUMBER	TYPE
1-48-0040	School
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	

- Hospital
- Nursing
- Detention
- Lounge
- Civic
- Movie
- School
- Residen.
- Child
- Limited
- Other

*Items marked below indicate the requirements of Chapter 414, all of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 414, Florida Administrative Code and Chapter 414 and 415, 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.*

- |  |   |  |  |
|--|---|--|--|
| <b>FOOD SUPPLIES</b>   | <input type="checkbox"/> 14. Sneeze guards                            | <input type="checkbox"/> 27. Design and fabrication    | <b>OTHER FACILITIES AND OPERATIONS</b>                       |
| <input type="checkbox"/> 1. Sources, etc.                    | <input type="checkbox"/> 15. Transportation of food                   | <input type="checkbox"/> 28. Installation and location | <input type="checkbox"/> 39. Other facilities and operations |
| <b>FOOD PROTECTION</b>                                       | <input type="checkbox"/> 16. Poisonous/Toxic materials                | <input type="checkbox"/> 29. Cleanliness of equipment  | <b>TEMPORARY FOOD SERVICE EVENTS</b>                         |
| <input type="checkbox"/> 2. Stored temperature               | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing        | <input type="checkbox"/> 40. Temporary food service events   |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES AND CONTROLS</b>                | <b>VENDING MACHINES</b>                                      |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 18. Cleanliness                              | <input type="checkbox"/> 31. Water supply              | <input type="checkbox"/> 41. Vending machines                |
| <input type="checkbox"/> 5. Raw fruits                       | <input type="checkbox"/> 19. Tobacco use                              | <input type="checkbox"/> 32. Ice                       | <b>MANAGER CERTIFICATION</b>                                 |
| <input type="checkbox"/> 6. Pork cooking                     | <input type="checkbox"/> 20. Handwashing                              | <input type="checkbox"/> 33. Sewage                    | <input type="checkbox"/> 42. Manager certification           |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 21. Handling of dishware                     | <input type="checkbox"/> 34. Plumbing                  | <b>CERTIFICATES AND FEES</b>                                 |
| <input type="checkbox"/> 8. Other animal cooking             | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 35. Toilet facilities         | <input type="checkbox"/> 43. Certificates and fees           |
| <input type="checkbox"/> 9. Least contact/Reheating          | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 36. Handwashing facilities    | <b>INSPECTION/ENFORCEMENT</b>                                |
| <input type="checkbox"/> 10. Food container                  | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 37. Garbage disposal          | <input type="checkbox"/> 44. Inspection/Enforcement          |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 24. Ice storage/Counter-protector            | <input type="checkbox"/> 38. Vermin control            |  |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment |  |  |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 26. Dishwashing facilities                   |  |  |

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS  
(continue on attached sheet)

Satisfactory

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334-7930  
 COPY OF REPORT RECEIVED BY: Moi Matheny DATE: 1-11-17