

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



1 of 2

RESULT: Satisfactory

Facility Information

Correct By: None
Re-Inspection Date: None

Permit Number: 01-48-1298114
Name of Facility: Micanopy Middle School
Address: 708 NW Okehumpkee Street
City, Zip: Micanopy 32667

Type: School (9 months or less)
Owner: Micanopy Middle School
Person In Charge: Tara Lowe-Phillips Phone: 466-1090

Inspection Information

Begin Time: 11:22 AM
End Time: 11:52 AM

Purpose: Routine
Inspection Date: 1/19/2017

Additional Information

No Additional Information Available

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.

Violation Markings

FOOD SUPPLIES

- 1. Sources, etc.
- FOOD PROTECTION**
- 2. Stored temperature
- 3. No further cooking/Rapid cooling
- 4. Thawing
- 5. Raw fruits
- 6. Pork cooking
- 7. Poultry cooking
- 8. Other animal cooking
- 9. Least contact/Reheating
- 10. Food container
- 11. Buffet requirements
- 12. Self-service condiments
- 13. Reservice of food
- 14. Sneeze guards
- 15. Transportation of food
- 16. Poisonous/Toxic materials
- PERSONNEL**

- 17. Exclusion of personnel
- 18. Cleanliness
- 19. Tobacco use
- 20. Handwashing
- 21. Handling of dishware
- EQUIPMENT/UTENSILS**
- 22. Refrigeration facilities/Thermometers
- 23. Sinks
- 24. Ice storage/Counter-protector
- 25. Ventilation/Storage/Sufficient equipment
- 26. Dishwashing facilities
- 27. Design and fabrication
- 28. Installation and location
- 29. Cleanliness of equipment
- 30. Methods of washing
- SANITARY FACILITIES AND CONTROLS**
- 31. Water supply
- 32. Ice
- 33. Sewage

- 34. Plumbing
- 35. Toilet facilities
- 36. Handwashing facilities
- 37. Garbage disposal
- 38. Vermin control
- OTHER FACILITIES AND OPERATIONS**
- 39. Other facilities and operations
- 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

General Comments

Food is catered from Lincoln. Single service items used. All leftovers are discarded after service.

Email Address(es): tara2uff@yahoo.com;
mms.t.lowe@gmail.com

Inspector Signature:

Client Signature:

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Violations Comments

No Violation Comments Available

Inspection Conducted By: Maxwell Lloyd (26870)
Inspector Contact Number: Work: (352) 334-7930 ex. 3511
Print Client Name:
Date: 1/19/2017

Inspector Signature:

A handwritten signature in black ink, appearing to be "ML" or similar initials.

Client Signature:

A handwritten signature in black ink, appearing to be a stylized "B" or similar.