

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: C.W. Norton Elementary  
 ADDRESS: 2200 NW 45 Ave CITY: GMU  
 OWNER: ACS B ZIP: 32605  
 PERSON IN CHARGE: Jeff Lenz (mgr) PHONE: 352 955-6904

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

| DATE                        |
|-----------------------------|
| <input type="checkbox"/> 05 |
| <input type="checkbox"/> 06 |
| <input type="checkbox"/> 07 |
| <input type="checkbox"/> 08 |
| <input type="checkbox"/> 09 |
| <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 |
| <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 |
| <input type="checkbox"/> 14 |

OUT OF BUSINESS

| BEGIN                    | END                      | DATE                     | POSITION                 | CERTIFICATE NUMBER       | TYPE      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| 100130                   |                          | 040319                   | 26869                    | 91-48-00036              | School    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hospital  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nursing   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Detention |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lounge    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Civic     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Movie     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Residen.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Limited   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other     |

FOOD SUPPLIES

- 1. Sources, etc.
- 14. Sneeze guards
- 27. Design and fabrication

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

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

SANITARY FACILITIES AND CONTROLS

- 29. Cleanliness of equipment
- 30. Methods of washing
- 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

ITEM NUMBERS: #28

COMMENTS AND INSTRUCTIONS: WRC doors interior metal sheathing has come loose. This was cited during last insp. Work order is in & work to be done soon. Please get this repaired before next routine insp. to avoid unsat insp.

Garyed D/W Jan. ch center 2 100 ppm

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 352 334-7930  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 4-3-17