

FOOD SERVICE

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

Approval: _____

27.003572/-82.149832

PURPOSE:

TYPE:

- | | | | | |
|---|--|------------------------------------|--|----------------------------------|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> CIVIC | <input type="checkbox"/> CHILD |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> NURSING | <input type="checkbox"/> MOVIE | <input type="checkbox"/> LIMITED |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION | <input type="checkbox"/> DETENTION | <input checked="" type="checkbox"/> SCHOOL | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY | <input type="checkbox"/> LOUNGE | <input type="checkbox"/> RESIDENTIAL | |
| <input type="checkbox"/> OTHER | | | | |



RESULTS:

- Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS
- Correct Violations by**
 Next Inspection
 8:00 AM on

NAME Port Charlotte High School

ADDRESS 18200 Cochran Boulevard **CITY** Port Charlotte

OWNER Charlotte County School Board **ZIP** 33948

PERSON IN CHARGE Ross, Terry **PHONE** (941) 255-7485

EMAIL Terry_Ross@ccps.k12.fl.us

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:50	13:00	11/10/2011	35923	08-48-00079

RE-INSPECTION DATE

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.

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

COMMENTS AND INSTRUCTIONS

Violation:36 The hand soap is out of the handwashing sink next to the dish machine.
Code Reference FAC: Handwash Sinks. **64E-11.007(5)**. Handwash facilities will be located in employees' restrooms, food prep areas, and in mechanical dishwash areas.

Violation:37 Tater-tots are on the ground in front of the dumpster.
Code Reference FAC: Garbage. **64E-11.007(6)**. Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Violation:29 Dirt/debris is present on top of the ice machine. A food disher in the clean drawer is still dirty.
Code Reference FAC: Cleaned. **64E-11.006(4)**. All equipment will be maintained in a clean and sanitized manner.

Violation:39 A build-up of dirt is present on top of the lockers & cabinets in the employee locker room. The floor is sticky in the walk-in freezer.
Code Reference FAC: Other Facilities. **64E-11.08**. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarters shall open to the facility. No live animals. Exterior area shall be kept clean.

Continued On Page 2

INSPECTION CONDUCTED BY: David Pears

INSPECTION COND SIGNATURE: *David Pears*

COPY OF REPORT RECEIVED BY: *Terry A. Ross*

PHONE: 941-743-1507

PHONE: 941-743-1266

DATE: 11/10/2011

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Food Establishment



Name: Port Charlotte High School

Date: 11/10/2011

Identification No: 08-48-00079

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector David Pears

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