

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 36-48-00581
Name of Facility: Varsity Lakes Middle School
Address: 801 Gunnery Road N
City, Zip: Lehigh Acres 33971

Correct By: Next Inspection
Re-Inspection Date: None

Type: School (more than 9 months)
Owner: The School District of Lee County *
Person In Charge: Kirkwood, Linda Phone: (239) 464-4730

Inspection Information

Purpose: Routine
Inspection Date: 1/8/2018

Begin Time: 09:40 AM
End Time: 10:25 AM

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

Inspector Signature:

Client Signature:

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General Comments

Milk 40 F; Fresh fruit 37 F; Asian chicken bites 158 F; Hamburger 166 F; All Reach-in warming units greater than or equal to 165 F; All reach-in coolers less than or equal to 40 F; Large walk-in cooler 32 F; hot water 115 F at all sinks and at mop sink; iodine at 3 compartment sink 12.5 ppm.

Email Address(es): lindamk@leeschools.net;
JimHow@leeschools.net;
dornb@leeschools.net

Violations Comments

Violation #29. Cleanliness of equipment

-Rust on washer inside and outside and paint is peeling off--not a cleanable surface (where wash clothes and aprons are cleaned). REPLACE WASHER.

-Rust on drier inside and outside and paint is peeling off--not a cleanable surface. REPLACE DRIER.

-Gaskets in milk boxes dirty.

-Sneeze guards have tape peeling--not a cleanable surface.

-True reach-in #56364 gaskets sticky; has odor inside.

CODE REFERENCE: Cleaned. 64E-11.006(4). All equipment will be maintained in a clean and sanitized manner.

Violation #39. Other facilities and operations

Doors at entry points have rust on bottom and are peeling.

Tile backsplash cracked/chipped next to entry way to teacher's lounge (where handsink is located)--WORK ORDER IN PLACE TO REPLACE TILE OVER THE SUMMER.

CODE REFERENCE: Other Facilities. 64E-11.008. 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 quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Holly Bauer-Windhorst (2550)

Inspector Contact Number: Work: (239) 690-2100 ex.

Print Client Name:

Date: 1/8/2018

Inspector Signature:

Client Signature: