

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 36-48-00114
Name of Facility: Caloosa Middle/Elementary School
Address: 610 Del Prado Boulevard S
City, Zip: Cape Coral 33990

Type: School (more than 9 months)
Owner: The School District of Lee County *
Person In Charge: Howe, Jim Phone: (239) 541-6267

**Correct By: Next Inspection
Re-Inspection Date: None**

Inspection Information

Purpose: Routine
Inspection Date: 8/22/2018

Begin Time: 10:30 AM
End Time: 12:15 PM

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
X 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	29. Cleanliness of equipment	CERTIFICATES AND FEES
13. Reservice of food	X 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:

Georgia Smith

Client Signature:

Ann Shuman

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General Comments

Elementary Side: Green beans 173F; Cucumbers 41F; Milk 39F; Delfield 39F; True Pass through 41F, 39F; Sanitizer bucket 200ppm chlorine; Hot water greater than 100F throughout; Walk-in cooler 39F.
Teachers Bar: Beverage air 41F; Traulsen 41F; Baked beans 181F.
Middle Side: True pass through 40F, 41F; Ground beef 201F; Milk 40F; Iodine 50ppm.

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

Violations Comments

Violation #2. Stored temperature

- Egg salad on teacher bar not 41F or below (42F) - Voluntarily discarded
- Potato salad on teacher bar not 41F or below (43F) - Voluntarily discarded

CODE REFERENCE: Storage Temperature. 64E-11.004(1)(2). Food is stored at proper temperatures (less than or equal to 41°F or greater than or equal to 140°F).

Violation #30. Methods of washing

- Cloths not submerged in sanitizer buckets. - Corrected

CODE REFERENCE: Methods of Washing. 64E-11.006(5). There will be approved methods of washing, rinsing, and sanitizing all required equipment.

Violation #39. Other facilities and operations

- Water damaged ceiling tiles in dry storage.

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: Grayce Smith (6978)
Inspector Contact Number: Work: (239) 690-2100
Print Client Name:
Date: 8/22/2018

Inspector Signature:

Client Signature: