

**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: Sherron, Kimberly Phone: (239) 541-6267

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

Inspection Information

Purpose: Routine
 Inspection Date: 8/22/2017

Begin Time: 11:00 AM
 End Time: 12:30 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
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	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
X 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
X 16. Poisonous/Toxic materials	32. Ice	
PERSONNEL	33. Sewage	

Inspector Signature:

[Handwritten Signature]

Client Signature:

[Handwritten Signature]

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General Comments

Elementary: Milk 38F; Potatoes 142F; Sausage 142F; Traulsen pass-through 41F; Traulsen pass-through 40F.
Middle: Pizza 150F; Sausage 165F; Milk 39F; Traulsen 32F; Traulsen 39F; Walk-in 39F.
Teacher Bar: Chicken 146F; Cottage cheese 41F; Beverage Air 38F.

Hot water greater than 100F throughout; 50 ppm iodine.

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

Violations Comments

Violation #11. Buffet requirements

- Knives not stored properly at teacher line. (handles not in up position to avoid unnecessary manual contact)

CODE REFERENCE: Buffets, Serving/Ice Dispensing Utensils. 64E-11.004(16),(19). Buffet foods shall be displayed and served to minimize contamination. Clean plates shall be made available to customers. Dispensing utensils shall be used to avoid unnecessary manual contact and stored properly.

Violation #16. Poisonous/Toxic materials

- Unlabeled spray bottles on cart in ware wash room.

CODE REFERENCE: Poisonous Material 64E-11.004(21). Only poisonous or toxic material needed to maintain the establishment shall be stored onsite. They will be used as per the labelling and when used food will be protected at all times.

Violation #30. Methods of washing

- Iodine test strips expired.

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

Inspection Conducted By: Louise Chang (86346)
Inspector Contact Number: Work: (239) 690-2100 ex.
Print Client Name:
Date: 8/22/2017

Inspector Signature:

Client Signature: