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JP

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 Kissimmee Elementary
 ADDRESS 2420 Dyer CITY Kissimmee
 OWNER Osceola Schools ZIP 34741
 PERSON IN CHARGE Mavibel Ortiz PHONE 407-935-3640

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE: 02-20-05

Hospital
 Nursing
 Detention
 Lounge
 Civic
 Movie
 School
 Residen.
 Child
 Limited
 Other

OUT OF BUSINESS

TIME	DATE	POSITION	IDENTIFICATION	TYPE
00-00	02/20/05	800007	44-48-00014	
05-05				
10-10				
15-15				
20-20				
25-25				
30-30				
35-35				
40-40				
45-45				
50-50				
55-55				

Results shall be in accordance with the Florida Administrative Code and Chapter 605, Florida Administrative Code and Chapter 606, Florida Administrative Code. Results shall be in accordance with the Florida Administrative Code and Chapter 605, Florida Administrative Code and Chapter 606, Florida Administrative Code.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
29	Clean & sanitized Ice Machine, can opener
39	* Air vents need to be cleaned
20	Needs paper Towel & hand washing sink

HEALTH DEPARTMENT INSPECTOR: Julio Caban PHONE: 407-343-2091
 COPY OF REPORT RECEIVED BY: Mavibel Ortiz DATE: 2-20-05

DH Form 4023, 1/05 (Obsoletes Previous Editions)