

# FOOD SERVICE

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

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**PURPOSE:**

- ROUTINE     REINSPECTION  
 CONSTRUCT.     CHANGE OF OWNER  
 COMPLAINT     CONSULTATION  
 QASURVEY     EPIDEMIOLOGY (use other)  
 OTHER

**TYPE:** School (less than 9 months)



**NAME** Sunlake High School  
**ADDRESS** 3023 Sunlake Boulevard    **CITY** Land O Lakes  
**OWNER** Pasco County School Board    **ZIP** 34638  
**PERSON IN CHARGE** Amy Button    **PHONE** (813) 794-2443  
**EMAIL** nwestmor@pasco.k12.fl.us; abutton@pasco.k12.fl.us

**RESULTS:**

- Satisfactory  
 Incomplete  
 Unsatisfactory  
 OUT OF BUSINESS

**Correct Violations by**

- Next Inspection  
 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
10:55	12:00	11/09/2011	57476	51-48-01594

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.*

**FOOD SUPPLIES**

1. Sources etc.

**FOOD PROTECTION**

2. Stored temperature  
 3. No further cooking/rapid cooling  
 4. Thawing  
 5. Raw fruits  
 6. Pork cooking  
 7. Poultry cooking  
 8. Other animal cooking  
 9. Least contact/reheating  
 10. Food container  
 11. Buffet requirements  
 12. Self-service condiments  
 13. Reservice of food

14. Sneeze guards

15. Transportation of food

16. Poisonous/toxic materials

**PERSONNEL**

17. Exclusion of personnel  
 18. Cleanliness  
 19. Tobacco use  
 20. Handwashing  
 21. Handling of dishware

**EQUIPMENT/UTENSILS**

22. Refrigeration facilities/Therm.  
 23. Sinks  
 24. Ice storage/counter-protector  
 25. Ventilation/Storage/Sufficient equip.  
 26. Dishwashing facilities

27. Design and fabrication

28. Installation and location

29. Cleanliness of equipment

30. Methods of washing

**SANITARY FACILITIES AND CONTROLS**

31. Water supply  
 32. Ice  
 33. Sewage  
 34. Plumbing  
 35. Toilet facilities  
 36. Handwashing facilities  
 37. Garbage disposal  
 38. Vermin control

**OTHER FACILITIES AND OPERATIONS**

39. Other facilities and operations

**TEMPORARY FOOD SERVICE EVENTS**

40. Temporary food service events

**VENDING MACHINES**

41. Vending machines

**MANAGER CERTIFICATION**

42. Manager certification

**CERTIFICATES AND FEES**

43. Certificates and fees

**INSPECTION/ENFORCEMENT**

44. Inspection/Enforcement

**COMMENTS AND INSTRUCTIONS**

Food temps hot/cold were within proper range.

Satisfactory Inspection.

INSPECTION CONDUCTED BY: George Condoleon

PHONE: (813) 558-5173 ex.

INSPECTION COND SIGNATURE: George D. Condoleon

PHONE: \_\_\_\_\_

COPY OF REPORT RECEIVED BY: Amy Button

DATE: 11/9/2011

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



Name:

Date: 11/09/2011

Identification No:

**Comments and Instructions (Continued from Page 1):**

Copy of Report  
Received By:

Inspector George Condoleon

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