

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 Lake Wales High School
ADDRESS 1 Highlander Way **CITY** Lake Wales
OWNER School Board of Polk County **ZIP** 33853
PERSON IN CHARGE Mary Phillips Harrie Cotton **PHONE** (863)678-4230

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on: _____

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
<input type="checkbox"/> 00	<input type="checkbox"/> 00	12 02 10	35844	53 - 48 - 00994	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input checked="" type="checkbox"/> School <input type="checkbox"/> Residen. <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other	<input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM					
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM					
<input type="checkbox"/> 15	<input type="checkbox"/> 15					
<input type="checkbox"/> 20	<input type="checkbox"/> 20					
<input type="checkbox"/> 25	<input type="checkbox"/> 25					
<input type="checkbox"/> 30	<input type="checkbox"/> 30					
<input type="checkbox"/> 35	<input type="checkbox"/> 35					
<input type="checkbox"/> 40	<input type="checkbox"/> 40					
<input type="checkbox"/> 45	<input type="checkbox"/> 45					
<input type="checkbox"/> 50	<input type="checkbox"/> 50					
<input type="checkbox"/> 55	<input type="checkbox"/> 55					

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.

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

ITEM NUMBERS _____ **COMMENTS AND INSTRUCTIONS**
 (continue on attached sheet)

Satisfactory no violation observed at inspection.

HEALTH DEPARTMENT INSPECTOR: Mazen Dmari **PHONE:** (863) 519-9390
678-41144, Ex/20061

COPY OF REPORT RECEIVED BY: Ronnie Cotton **DATE:** 12-2-10