

Approval:

28.2791877-81.332337

FOOD SERVICE

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

PURPOSE:

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QASURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY

TYPE:

- HOSPITAL
- NURSING
- DETENTION
- LOUNGE
- CMC
- MOVIE
- SCHOOL
- RESIDENTIAL
- CHILD
- LIMITED
- OTHER



RESULTS:

- Satisfactory
- Incomplete
- Unsatisfactory
- OUT OF BUSINESS
- Correct Violations by**
- Next Inspection
- 8:00 AM on

NAME PM Wells Elementary Charter School

ADDRESS 2426 Remington Boulevard **CITY** Kissimmee

OWNER PM Wells Elementary Charter School **ZIP** 34744

PERSON IN CHARGE Micelle **PHONE** 0

EMAIL CHAMPM@OSCEOLA.K12.FLUS

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
11:30	12:10	10/10/2011	84997	49-48-00174	

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.

- | | | |
|---|---|---|
| <p>FOOD SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Sources etc. <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reservice of food | <ul style="list-style-type: none"> <input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/toxic materials <p>PERSONNEL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 22. Refrigeration facilities/Therm. <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip. <input type="checkbox"/> 26. Dishwashing facilities | <ul style="list-style-type: none"> <input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control <p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/Enforcement |
|---|---|---|

COMMENTS AND INSTRUCTIONS

no VIOLATIONS OBSERVED.

INSPECTION CONDUCTED BY: Julio Caban

INSPECTION COND SIGNATURE: *[Signature]*

COPY OF REPORT RECEIVED BY: *Michelle Reid*

PHONE: 407-742-8606

PHONE: na

DATE: 10/10/2011

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

Approval: JS 6/8/2011
 Inspection approved.



Inspection Approval



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ADDRESS 2426 Remington Boulevard **CITY** Kissimmee

OWNER PM Wells Elementary Charter School **ZIP** 34744

PERSON IN CHARGE Pam Davis **PHONE** 407-344-4288

EMAIL CHAMPM@OSCEOLA.K12.FL.US

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:20	12:00	06/07/2011	84997	49-48-00174

RE-INSPECTION DATE

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|---|---|---|---|

COMMENTS AND INSTRUCTIONS

0 violations observed.

INSPECTION CONDUCTED BY: Julio Caban **PHONE:** 407-742-8606

INSPECTION COND SIGNATURE: [Signature] **PHONE:** na

COPY OF REPORT RECEIVED BY: [Signature] **DATE:** 6/7/2011