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

**PURPOSE:**

- [x] ROUTINE
- [ ] CONSTRUCT.
- [ ] COMPLAINT
- [ ] QA SURVEY
- [ ] OTHER
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] OTHER

NAME OF ESTABLISHMENT: Cleveland Court Elem

ADDRESS: 328 E Edgewood Dr. CITY: Lakeland

OWNER: PCSB ZIP: 33803

PERSON IN CHARGE: Yvonne Folds PHONE: 499-2926

**RESULTS**

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

| BEGIN | END | DATE | POSITION # | CERTIFICATE NUMBER | TYPE | DATE |
|---|---|---|---|---|---|---|
| 1225 | 1245 | 110811 | 80102 | 53-48-00354 | Hospital | |
| | | | | | Nursing | |
| | | | | | Detention | |
| | | | | | Lounge | |
| | | | | | Civic | |
| | | | | | Movie | |
| | | | | | School | |
| | | | | | Residen. | |
| | | | | | Child | |
| | | | | | Limited | |
| | | | | | Other | |

- [ ] OUT OF BUSINESS

*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/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sufficient equipment
- [ ] 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

**ITEM NUMBERS**

**COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

No violations.

*HEALTH DEPARTMENT INSPECTOR:* Bina Solanki *PHONE:* 519-8330 X 12109

*COPY OF REPORT RECEIVED BY:* Yvonne Folds *DATE:* 11/8/11

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

CHD/HEADQUARTERS