

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Roone Middle School Cafeteria
 ADDRESS 225 72nd St S CITY Haines City Fla
 OWNER Polk County School Board ZIP 33844
 PERSON IN CHARGE Rebecca Fateley PHONE 863-45421-3304

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
10/05	05
10/06	06
10/07	07
10/08	08
10/09	09
10/10	10
10/11	11
10/12	12
10/13	13
10/14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
2:00 P	2:30 P	10/2/11	35844	53-48-01491	<input checked="" type="checkbox"/> School
					<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 type="checkbox"/> Residen.
					<input type="checkbox"/> Child
					<input type="checkbox"/> Limited
					<input type="checkbox"/> Other

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory no violation observed at inspection time.

HEALTH DEPARTMENT INSPECTOR M. Omar Mazen Omari PHONE: 863-679-4888 Ext 20061
 COPY OF REPORT RECEIVED BY: Rebecca Fateley DATE: 10-12-11