

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



1 of 2

Facility Information

RESULT: Unsatisfactory

Permit Number: 53-48-00051
Name of Facility: Alturas Elementary School
Address: 420 4th Street
City, Zip: Alturas 33820

**Correct By: by 8:00 AM
Re-Inspection Date: 11/28/2017**

Type: School (more than 9 months)
Owner: School Board of Polk County
Person In Charge: Lenora Hales Phone: 863-519-3919

Inspection Information

Purpose: Routine
Inspection Date: 11/14/2017

Begin Time: 01:50 PM
End Time: 02:25 PM

Additional Information

No Additional Information Available

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.

Violation Markings

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

General Comments

No other violations observed. Facility is generally clean and well lit. No sign of pests/vermin. Unable to test dishwashing facilities at time of inspection. No kitchen staff was available at time of inspection.

Email Address(es): Lenora.Hales@polk-fl.net;
Shelley.Reinacher@polk-fl.net

Inspector Signature:

Client Signature:

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Violations Comments

<p>Violation #4. Thawing Frozen deli meat and pasta with sauce and meat observed thawing in dry goods. No kitchen staff was available at time of inspection, indicating that these food items are being left out until tomorrow. Proper thawing methods should be observed (refrigerators, microwaves, under cold running water, during cooking process) and potentially hazardous foods should not be left out in open air for more than 4 hours. CODE REFERENCE: Thawing. 64E-11.004(4). Foods shall be thawed in refrigerators, in microwaves, under cold running water, or as part of the cooking process.</p>
<p>Violation #10. Food container Foods found in freezer stored on the ground in the freezer. Foods should be stored at least 6" off the ground. CODE REFERENCE: Storage Containers. 64E-11.004(13)(14). Food storage containers shall be clean, covered, and marked with their contents. Refrigerated, ready-to-eat, potentially hazardous food prepared in the facility, must be marked with date of preparation, if held greater than 24 hours. Food must be stored six inches above the floor.</p>
<p>Violation #32. Ice Some mold build up in ice machine. Should be cleaned. CODE REFERENCE: Ice. 64E-11.004(19). Ice brought into the facility will be from an approved source.</p>

Inspection Conducted By: Steven Meadows (29341)
Inspector Contact Number: Work: (863) 578-2027 ex.
Print Client Name: Shelley Reinacher
Date: 11/14/2017

Inspector Signature:

Handwritten signature of Steven Meadows.

Client Signature:

Handwritten signature of Shelley Reinacher.