

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Loughman Oaks Elementary School
 ADDRESS 4600 W. US Hwy 17-92 N. CITY Davenport
 OWNER Polk County School Board ZIP 33577
 PERSON IN CHARGE La Verne DesRoches PHONE 863 33837

12:15P 12:45P

BEGIN	END
1:00	1:10
2:00	2:10
3:00	3:10
4:00	4:10
5:00	5:10
6:00	6:10
7:00	7:10
8:00	8:10
9:00	9:10
10:00	10:10
11:00	11:10
12:00	12:10

DATE
11/7/11
01 01 05
01 01 06
01 01 07
01 01 08
01 01 09
01 01 10
01 01 11
01 01 12
01 01 13
01 01 14

POSITION #
35841
01 01 01
01 01 02
01 01 03
01 01 04
01 01 05
01 01 06
01 01 07
01 01 08
01 01 09
01 01 10
01 01 11
01 01 12
01 01 13
01 01 14

CERTIFICATE NUMBER
53-48-01061
01 01 01
01 01 02
01 01 03
01 01 04
01 01 05
01 01 06
01 01 07
01 01 08
01 01 09
01 01 10
01 01 11
01 01 12
01 01 13
01 01 14

TYPE
<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

RESULTS	
<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Incomplete	
<input type="checkbox"/> Unsatisfactory	
Correct Violations by	
<input type="checkbox"/> Next Inspection	
<input type="checkbox"/> 8:00 AM on:	
DATE	
01 01 05	
01 01 06	
01 01 07	
01 01 08	
01 01 09	
01 01 10	
01 01 11	
01 01 12	
01 01 13	
01 01 14	
<input type="checkbox"/> 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.

- | | | | |
|--|---|--|--|
| <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 |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES | SERVICE EVENTS |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | AND CONTROLS | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 31. Water supply | VENDING MACHINES |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 32. Ice | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 33. Sewage | MANAGER CERTIFICATION |
| <input type="checkbox"/> 9. Least contact/Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 34. Plumbing | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 35. Toilet facilities | CERTIFICATES AND FEES |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 36. Handwashing facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 37. Garbage disposal | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control | <input type="checkbox"/> 44. Inspection/Enforcement |
| | <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: Mazen Omari PHONE: 863-519-8330
 COPY OF REPORT RECEIVED BY: La Verne DesRoches DATE: 11-17-11

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