

# FOOD SERVICE

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

Approval:

28.241435/-81.279073

**PURPOSE:**

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

**TYPE:**

- HOSPITAL     C/M/C     CHILD
- NURSING     MOVIE     LIMITED
- DETENTION     SCHOOL     OTHER
- LOUNGE     RESIDENTIAL



**RESULTS:**

- Satisfactory
- Incomplete
- Unsatisfactory
- OUT OF BUSINESS

**Correct Violations by**

- Next Inspection
- 8:00 AM on

**NAME** St. Cloud High School

**ADDRESS** 2000 Bulldog Lane    **CITY** Saint Cloud

**OWNER** Osceola County School Board    **ZIP** 34769

**PERSON IN CHARGE** Sandy    **PHONE** 0

**EMAIL** CHAMPM@OSCEOLA.K12.FL.US

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
13:30	14:10	01/23/2012	84997	49-48-00099

RE-INSPECTION DATE

*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. Re-service 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/Therm.
- 23. Sinks
- 24. Ice storage/counter-protector
- 25. Ventilation/Storage/Sufficient equip.
- 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
- 40. Temporary food service events
- 41. Vending machines
- 42. Manager certification
- 43. Certificates and fees
- 44. Inspection/Enforcement

**COMMENTS AND INSTRUCTIONS**

No **violations** observed.

INSPECTION CONDUCTED BY: Julio Caban

INSPECTION COND SIGNATURE:

COPY OF REPORT RECEIVED BY:

PHONE: 407-742-8606

PHONE: na

DATE: 1/23/2012

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT  
Food Establishment



Name: St. Cloud High School

Date: 1/23/2012

Identification No: 49-48-00099

**Comments and Instructions (Continued from Page 1):**

Copy of Report  
Received By:

Inspector Julio Caban

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