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



Facility Information RESULT: Satisfactory

Permit Number: 36-48-00658

Name of Facility: Oasis Elementary North

Address: 2817 SW 3rd Lane City, Zip: Cape Coral 33991

Type: School (more than 9 months)

Owner: City of Cape Coral Charter School Authority\*
Person In Charge: Llerena Luz
Phone: (239) 542-1577

PIC Email:

**Inspection Information** 

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 11:00 AM Inspection Date: 2/5/2021 Number of Repeat Violations (1-57 R): 0 End Time: 11:45 AM

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: No

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

## **FoodBorne Illness Risk Factors And Public Health Interventions**

## SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- 2. Certified Manager/Person in charge present EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- **IN** 4. Proper use of restriction and exclusion
- S. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- NO 6. Proper eating, tasting, drinking, or tobacco use
- IN 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- NEVERTING CONTAINING IN 8. Hands clean & properly washed
- IN 9. No bare hand contact with RTE food
- 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
- IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- NO 17. Proper disposal of unsafe food
  - TIME/TEMPERATURE CONTROL FOR SAFETY
- NO 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- N 21. Hot holding temperatures
- N 22. Cold holding temperatures
- N 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records
  - CONSUMER ADVISORY
- NA 25. Advisory for raw/undercooked food
  - HIGHLY SUSCEPTIBLE POPULATIONS
- IN 26. Pasteurized foods used; No prohibited foods
- ADDITIVES AND TOXIC SUBSTANCES
- NA 27. Food additives: approved & properly used
- IN 28. Toxic substances identified, stored, & used
  - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

**Inspector Signature:** 

Client Signature:

Form Number: DH 4023 03/18 36-48-00658 Oasis Elementary North

1 of 3

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



### **Good Retail Practices**

#### SAFE FOOD AND WATER

IN 30. Pasteurized eggs used where required

IN 31. Water & ice from approved source

NA 32. Variance obtained for special processing

#### FOOD TEMPERATURE CONTROL

**IN** 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

NO 35. Approved thawing methods

**IN** 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

IN 37. Food properly labeled; original container

#### PREVENTION OF FOOD CONTAMINATION

IN 38. Insects, rodents, & animals not present

**IN** 39. No Contamination (preparation, storage, display)

IN 40. Personal cleanliness

IN 41. Wiping cloths: properly used & stored

NO 42. Washing fruits & vegetables

#### PROPER USE OF UTENSILS

IN 43. In-use utensils: properly stored

IN 44. Equipment & linens: stored, dried, & handled

IN 45. Single-use/single-service articles: stored & used

NO 46. Slash resistant/cloth gloves used properly

#### UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces

IN 48. Ware washing: installed, maintained, & used; test strips

IN 49. Non-food contact surfaces clean

#### **PHYSICAL FACILITIES**

IN 50. Hot & cold water available; adequate pressure

**IN** 51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

OUT 54. Garbage & refuse disposal

IN 55. Facilities installed, maintained, & clean

N 56. Ventilation & lighting

IN 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

## **Violations Comments**

Violation #54. Garbage & refuse disposal

-Dumpster lid not closed.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

### **General Comments**

-Hot water greater than 100F available throughout, three compartment sink 200ppm(partsper million) quaternary ammonium, Delfield(2dr) 34F, Delfield 41F, Kelvinator 37F, milk cooler 41F, Metro5C warmer 166F, milk 41F, cucumber slices 38F, ranch dressing 38F.

Note: Lunch service - Little Ceasars pizzas

Note: No signature obtained due to COVID-19 concerns. Report emailed to Luz Llerena on 02/08/21.

Email Address(es): liz.lugo@capecharterschools.org; luz.llerena@capecharterschools.org

**Inspector Signature:** 

LKA Sum

Client Signature:

Form Number: DH 4023 03/18 36-48-00658 Oasis Elementary North

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



Inspection Conducted By: Lisa Summers (4763) Inspector Contact Number: Work: (239) 690-2100 ex.

Print Client Name: Llerena Luz

Date: 2/8/2021

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18 36-48-00658 Oasis Elementary North