

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE
INSPECTION REPORT

0853



PURPOSE:

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

NAME OF ESTABLISHMENT New Dimension High School
 ADDRESS 4900 Pleasant Hill Rd. CITY Kissimmee
 OWNER New Dimension Inc. ZIP 34759
 PERSON IN CHARGE Chris Jordan PHONE 407-870-9969

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
10-01-05
11-01-05
12-01-05
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12-01-14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
<input type="checkbox"/> 00	<input type="checkbox"/> 00				
<input type="checkbox"/> 01	<input type="checkbox"/> 01				
<input type="checkbox"/> 02	<input type="checkbox"/> 02				
<input type="checkbox"/> 03	<input type="checkbox"/> 03				
<input type="checkbox"/> 04	<input type="checkbox"/> 04				
<input type="checkbox"/> 05	<input type="checkbox"/> 05				
<input type="checkbox"/> 06	<input type="checkbox"/> 06				
<input type="checkbox"/> 07	<input type="checkbox"/> 07				
<input type="checkbox"/> 08	<input type="checkbox"/> 08				
<input type="checkbox"/> 09	<input type="checkbox"/> 09				
<input type="checkbox"/> 10	<input type="checkbox"/> 10				
<input type="checkbox"/> 11	<input type="checkbox"/> 11				
<input type="checkbox"/> 12	<input type="checkbox"/> 12				
<input type="checkbox"/> 13	<input type="checkbox"/> 13				
<input type="checkbox"/> 14	<input type="checkbox"/> 14				

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
29.	Clean refrigerator + freezer
36.	Post hand wash signs.
15.	Transport cold food items with ice packs

HEALTH DEPARTMENT INSPECTOR: Nicole Balbee PHONE: 407-343-2079
 COPY OF REPORT RECEIVED BY: Chris Jordan DATE: 12-07-07

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