

# FOOD SERVICE

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

Approval:

28.1390217-81.447653

**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** New Dimensions High School Inc.

**ADDRESS** 4900 Old Pleasant Hill Road    **CITY** Kissimmee

**OWNER** New Dimensions High School, Inc.    **ZIP** 34759

**PERSON IN CHARGE** Jackie Grimm    **PHONE** 407-870-9949

**EMAIL** dr.j.grimm@gmail.com

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
15:00	15:30	08/25/2011	28791	49-48-00147

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
- TEMPORARY FOOD SERVICE EVENTS**
- 40. Temporary food service events
- VENDING MACHINES**
- 41. Vending machines
- MANAGER CERTIFICATION**
- 42. Manager certification
- CERTIFICATES AND FEES**
- 43. Certificates and fees
- INSPECTION/ENFORCEMENT**
- 44. Inspection/Enforcement

**COMMENTS AND INSTRUCTIONS**

Milk 38 F

Satisfactory during inspection.

INSPECTION CONDUCTED BY: Carlos Cruz

INSPECTION COND SIGNATURE: *Carlos Cruz*

COPY OF REPORT RECEIVED BY: *J. Grimm*

PHONE: 407-742-8606

PHONE: na

DATE: 8/25/2011

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



Name: New Dimensions High School Inc.

Date: 8/25/2011

Identification No: 49-48-00147

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

Copy of Report  
Received By:

Inspector Carlos Cruz

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