

FOOD SERVICE

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

Approval:

28.139021/-81.447653

PURPOSE:

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

TYPE:

- HOSPITAL
- NURSING
- DETENTION
- LOUNGE
- CMC
- MOVIE
- SCHOOL
- RESIDENTIAL
- CHILD
- LIMITED
- OTHER



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 **PHONE** (407) 870-9949

EMAIL champm@osceola

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:45	12:30	02/02/2011	49146	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. *fb 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

CI:1.0 Milk,40F,exp.2/14. Refrig.41,D. Food delivered from Horizon. Chicken wrap 136F.(made 11; serve 1230)

INSPECTION CONDUCTED BY: Dennis Cumiskey

INSPECTION COND SIGNATURE: *Dennis Cumiskey*

COPY OF REPORT RECEIVED BY: *Dr. Quinn*

PHONE: 407-742-8606

PHONE: na

DATE: 02/02/2011

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



Name: New Dimensions High School Inc.

Date: 02/02/2011

Identification No: 49-48-00147

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Dennis Cumiskey

Page 2