

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



**PURPOSE:**

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

NAME OF ESTABLISHMENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 OWNER \_\_\_\_\_  
 PERSON IN CHARGE \_\_\_\_\_

**Estates Elementary School**  
 5945 Everglades Boulevard N 11-48-01297  
 Naples FL, 34120  
 Owner: District School Board of Collier County Attn:  
 Dawn Houser (239) 377-0280  
 Contact: Beth Hatzitheodorou (239) 377-6640  
 School (more than 9 months)

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
05
06
07
08
09
10
11
12
13
14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
10:50	11:49	01/23/12	3071K	11-48-01297	School
00	00	05			Hospital
05	05	06			Nursing
10 PM	10 E	07			Detention
15	15	08			Lounge
20	20	09			Civic
25	25	10			Movie
30	30	11			Residen.
35	35	12			Child
40	40	13			Limited
45	45	14			Other

Violations must comply with the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected within 30 days. Failure to do so may result in a violation of Chapter 64E-11, Florida Administrative Code and Chapters 361 and 362, Florida Statutes. If violations are not corrected within the time indicated in the Results section above or an administrative fine or other legal action will be initiated.

- |   |  |   |  |
|---|--|---|--|
| <p><b>FOOD SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Sources, etc.</li> </ul> <p><b>FOOD PROTECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. Stored temperature 33, -11.</li> <li><input type="checkbox"/> 3. No further cooling/rapid cooling</li> <li><input type="checkbox"/> 4. Thawing</li> <li><input type="checkbox"/> 5. Raw fruits</li> <li><input type="checkbox"/> 6. Pork cooking</li> <li><input type="checkbox"/> 7. Poultry cooking</li> <li><input type="checkbox"/> 8. Other animal cooking</li> <li><input type="checkbox"/> 9. Least contact between</li> <li><input type="checkbox"/> 10. Food container</li> <li><input type="checkbox"/> 11. Buffet requirement</li> <li><input type="checkbox"/> 12. Self-service condition</li> <li><input type="checkbox"/> 13. Reservice of food</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 14. Sneeze guards</li> <li><input type="checkbox"/> 15. Transportation of food</li> <li><input type="checkbox"/> 16. Poisonous/Toxic materials</li> </ul> <p><b>PERSONNEL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17. Exclusion of personnel</li> <li><input type="checkbox"/> 18. Cleanliness</li> <li><input type="checkbox"/> 19. Tobacco use</li> <li><input type="checkbox"/> 20. Handwashing</li> <li><input type="checkbox"/> 21. Handling of dishware</li> </ul> <p><b>EQUIPMENT/UTENSILS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 22. Refrigeration facilities/Thermometers</li> <li><input type="checkbox"/> 23. Sinks</li> <li><input type="checkbox"/> 24. Ice storage/Counter-protector</li> <li><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment</li> <li><input type="checkbox"/> 26. Dishwashing facilities</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Design and fabrication</li> <li><input type="checkbox"/> 28. Installation and location</li> <li><input type="checkbox"/> 29. Cleanliness of equipment</li> <li><input type="checkbox"/> 30. Methods of washing</li> </ul> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 31. Water supply</li> <li><input type="checkbox"/> 32. Ice</li> <li><input type="checkbox"/> 33. Sewage</li> <li><input type="checkbox"/> 34. Plumbing</li> <li><input type="checkbox"/> 35. Toilet facilities</li> <li><input checked="" type="checkbox"/> 36. Handwashing facilities</li> <li><input checked="" type="checkbox"/> 37. Garbage disposal</li> <li><input type="checkbox"/> 38. Vermin control</li> </ul> | <p><b>OTHER FACILITIES AND OPERATIONS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 39. Other facilities and operations</li> </ul> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 40. Temporary food service events</li> </ul> <p><b>VENDING MACHINES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 41. Vending machines</li> </ul> <p><b>MANAGER CERTIFICATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 42. Manager certification</li> </ul> <p><b>CERTIFICATES AND FEES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 43. Certificates and fees</li> </ul> <p><b>INSPECTION/ENFORCEMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 44. Inspection/Enforcement</li> </ul> |
|---|--|---|--|

ITEM NUMBERS: *30, 37, 39*

COMMENTS AND INSTRUCTIONS (continue on attached sheets)

*30* Faucet not working for lavatory in main girl's restroom.

*37* Holes in both sides of dumpster. *37* Bowl with nails exposed lying on dumpster pad.

*39* Water stains on floor in corner - much improved.

HEALTH DEPARTMENT INSPECTOR: Starline Kalinski PHONE: 252-5523

COPY OF REPORT RECEIVED BY: Beth Hatzitheodorou DATE: 1/23/12

## FOOD SERVICE INSPECTION REPORT RESPONSE

SCHOOL Estates Elementary

Complete this form and send it with a copy of the Food Service Inspection Report to your Area Food Service Supervisor within **ONE WEEK** of your **HRS** inspection.

1. Date that the inspection was completed: 1/23/12
2. Date that the re-inspection will be conducted: NA
3. List the Major violations that were cited (include the number of the violation):  
\_\_\_\_\_  
\_\_\_\_\_
4. What have you done to correct these violations? (attach copies of Maintenance Work Orders, copies of training materials and/or written directives that you have provided for your employees, safety training offered, written requests for on-site sanitation training, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
5. List the Minor violations that were cited (by number): 36, 37, 39
6. What has been done to correct these violations? (see number 4 above)  
Informed Plant Operator  
\_\_\_\_\_
7. Have you been cited for any of the same violations in the past 12 months? Yes \_\_\_\_\_  
No  If yes, explain why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What can we do to assist you with these corrections? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beth Katz  
Signature of Manager

\_\_\_\_\_  
Date