

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 36-48-00793
Name of Facility: Oasis Charter High School
Address: 3519 Oasis Boulevard
City, Zip: Cape Coral 33914

Correct By: Next Inspection
Re-Inspection Date: None

Type: School (more than 9 months)
Owner: City of Cape Coral Charter School Authority*
Person In Charge: Sterling, Caroline Phone: (239) 541-1167
PIC Email: caroline.sterling@capecharterschools.org

Inspection Information

Purpose: Routine
Inspection Date: 8/27/2018

Begin Time: 11:15 AM
End Time: 11:55 AM

Additional Information

No Additional Information Available

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.

Violation Markings

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. Reserve 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/Thermometers

23. Sinks

24. Ice storage/Counter-protector

25. Ventilation/Storage/Sufficient equipment

26. Dishwashing facilities

27. Design and fabrication

28. Installation and location

X 29. Cleanliness of equipment

30. Methods of washing

SANITARY FACILITIES AND CONTROLS

31. Water supply

32. Ice

33. Sewage

34. Plumbing

X 35. Toilet facilities

36. Handwashing facilities

37. Garbage disposal

38. Vermin control

OTHER FACILITIES AND OPERATIONS

X 39. Other facilities and operations

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

Inspector Signature:

Client Signature:

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General Comments

NOTE: Baked potato 178F; chicken nuggets 172F; mashed potatoes 166F; bean 172F; 3 door True 37F; True 41F; California Cooking 40F; MiraCool 38F; True 40F; Naked Juice reach-in 36F; cheeseburger 178F; milk 34F; chicken salad 41F; quaternary ammonium 200ppm; hot water greater than 100F throughout.

Email Address(es): caroline.sterling@capecharterschools.org;
danielle.jensen@capecharterschools.org;
maintenanceteam@capecharterschools.org

Violations Comments

Violation #29. Cleanliness of equipment

- Milk cooler gasket dirty.

CODE REFERENCE: Cleaned. 64E-11.006(4). All equipment will be maintained in a clean and sanitized manner.

Violation #35. Toilet facilities

- Covered receptacle bin not observed in unisex staff restroom (1 of 2). - REPEAT

CODE REFERENCE: Toilets. 64E-11.007(4). Toilet rooms will comply with the plumbing authority having jurisdiction. Toilet rooms will be vented, provided with toilet paper, well lighted, and have self-closing doors.

Violation #39. Other facilities and operations

- Wall not easily cleanable at old location of soap dispenser.

CODE REFERENCE: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Louise Chang (86346)
Inspector Contact Number: Work: (239) 690-2100 ex.
Print Client Name:
Date: 8/27/2018

Inspector Signature:

Client Signature: