

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

OHS



Facility Information

RESULT: Satisfactory

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

Type: School (more than 9 months)
 Owner: City of Cape Coral Charter School Authority*
 Person In Charge: Donnelly, Mary Phone: (239) 945-1999
 PIC Email: mary.donnelly@capecharterschools.org

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 10:19 AM
Inspection Date: 2/13/2025	Number of Repeat Violations (1-57 R): 0	End Time: 10:45 AM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

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| <p>SUPERVISION</p> <ul style="list-style-type: none"> IN 1. Demonstration of Knowledge/Training IN 2. Certified Manager/Person in charge present <p>EMPLOYEE HEALTH</p> <ul style="list-style-type: none"> IN 3. Knowledge, responsibilities and reporting IN 4. Proper use of restriction and exclusion IN 5. Responding to vomiting & diarrheal events <p>GOOD HYGIENIC PRACTICES</p> <ul style="list-style-type: none"> IN 6. Proper eating, tasting, drinking, or tobacco use IN 7. No discharge from eyes, nose, and mouth <p>PREVENTING CONTAMINATION BY HANDS</p> <ul style="list-style-type: none"> IN 8. Hands clean & properly washed IN 9. No bare hand contact with RTE food IN 10. Handwashing sinks, accessible & supplies <p>APPROVED SOURCE</p> <ul style="list-style-type: none"> IN 11. Food obtained from approved source IN 12. Food received at proper temperature IN 13. Food in good condition, safe, & unadulterated NA 14. Shellstock tags & parasite destruction <p>PROTECTION FROM CONTAMINATION</p> <ul style="list-style-type: none"> IN 15. Food separated & protected; Single-use gloves | <ul style="list-style-type: none"> OUT 16. Food-contact surfaces; cleaned & sanitized (COS) IN 17. Proper disposal of unsafe food <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <ul style="list-style-type: none"> IN 18. Cooking time & temperatures IN 19. Reheating procedures for hot holding IN 20. Cooling time and temperature IN 21. Hot holding temperatures IN 22. Cold holding temperatures IN 23. Date marking and disposition NA 24. Time as PHC; procedures & records <p>CONSUMER ADVISORY</p> <ul style="list-style-type: none"> NA 25. Advisory for raw/undercooked food <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <ul style="list-style-type: none"> IN 26. Pasteurized foods used; No prohibited foods <p>ADDITIVES AND TOXIC SUBSTANCES</p> <ul style="list-style-type: none"> IN 27. Food additives: approved & properly used IN 28. Toxic substances identified, stored, & used <p>APPROVED PROCEDURES</p> <ul style="list-style-type: none"> NA 29. Variance/specialized process/HACCP |
|---|---|

J. Callum
2.18.25

Inspector Signature:

Bonnie Greiner

Client Signature:

[Signature]

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Good Retail Practices

<p>SAFE FOOD AND WATER</p> <p>IN 30. Pasteurized eggs used where required</p> <p>IN 31. Water & ice from approved source</p> <p>NA 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</p> <p>IN 33. Proper cooling methods; adequate equipment</p> <p>IN 34. Plant food properly cooked for hot holding</p> <p>IN 35. Approved thawing methods</p> <p>IN 36. Thermometers provided & accurate</p> <p>FOOD IDENTIFICATION</p> <p>IN 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p>IN 38. Insects, rodents, & animals not present</p> <p>OUT 39. No Contamination (preparation, storage, display) (COS)</p> <p>IN 40. Personal cleanliness</p> <p>IN 41. Wiping cloths: properly used & stored</p> <p>IN 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p>IN 43. In-use utensils: properly stored</p> <p>IN 44. Equipment & linens: stored, dried, & handled</p> <p>IN 45. Single-use/single-service articles: stored & used</p>	<p>NO 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VENDING</p> <p>IN 47. Food & non-food contact surfaces</p> <p>IN 48. Ware washing: installed, maintained, & used; test strips</p> <p>IN 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p>IN 50. Hot & cold water available; adequate pressure</p> <p>IN 51. Plumbing installed; proper backflow devices</p> <p>IN 52. Sewage & waste water properly disposed</p> <p>IN 53. Toilet facilities: supplied, & cleaned</p> <p>IN 54. Garbage & refuse disposal</p> <p>IN 55. Facilities installed, maintained, & clean</p> <p>IN 56. Ventilation & lighting</p> <p>IN 57. Permit; Fees; Application; Plans</p>
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This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

<p>Violation #16. Food-contact surfaces; cleaned & sanitized</p> <p>-Sanitizer in 3CS too weak (corrected from 0 ppm QAC to 400 ppm QAC)</p> <p>CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.</p>
<p>Violation #39. No Contamination (preparation, storage, display)</p> <p>-Food not stored 6 inches from floor (Gatorade in office) (corrected)</p> <p>CODE REFERENCE: 64E-11.003(2). Food shall be protected from sources of contamination and stored in a clean, dry location at least 6 inches above the floor.</p>

General Comments

<p>- Hot water GTE 100F throughout</p> <p>- CFM: Leissy Alvarino (exp. 8/5/27)</p> <p>-3CS: 400 ppm QAC (after corrections)</p> <p>-True RICs: 39F, 38F, 36F; True RIF: frozen; ice cream RIF: frozen; milk cooler: 35F; juice cooler: 35F; Naked juice beverage cooler: not in use; milk cooler: 38F;</p> <p>Metro warmers: 130F (pasta), 148F (bread), 146F (bread); WIF: frozen; service line: broccoli 147F, salad 42F</p> <p>Email Address(es): caroline.sterling@capecharterschools.org; jdhernandez@capecoral.gov; mary.ossichak@capecharterschools.org</p>
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Inspector Signature:

Bonnie Greiner

Client Signature:

Caroline Sterling

Form Number: DH 4023 03/18

36-48-00793 Oasis High School

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Inspection Conducted By: Bonnie Greiner (31178)
Inspector Contact Number: Work: (239) 690-2129 ex.
Print Client Name: Caroline Sterling
Date: 2/13/2025

Inspector Signature:

Bonnie Greiner

Client Signature:

Caroline Sterling