

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

Userid: **elliottja**

Approval: _____

26.3646771-81.794589



PURPOSE:
 ROUTINE REINSPECTION
 CONSTRUCT CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 OTHER

TYPE:
 HOSPITAL CMV 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 Bonita Springs Charter School

ADDRESS 25380 Bernwood Drive **CITY** Bonita Springs

OWNER Lee Charter Foundation DBA **ZIP** 34135

PERSON IN CHARGE Deborah Tracy/Jorge Castillo **PHONE** (239) 992-6932

EMAIL ltanner@bonitaprscharter.org; lindaer@leeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
11:20	11:40	09/08/2011	51835	36-48-00460	

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.

<p>FOOD SUPPLIES</p> <p><input type="checkbox"/> 1. Sources etc.</p> <p>FOOD PROTECTION</p> <p><input type="checkbox"/> 2. Stored temperature</p> <p><input type="checkbox"/> 3. No further cooking/rapid cooling</p> <p><input type="checkbox"/> 4. Thawing</p> <p><input type="checkbox"/> 5. Raw fruits</p> <p><input type="checkbox"/> 6. Pork cooking</p> <p><input type="checkbox"/> 7. Poultry cooking</p> <p><input type="checkbox"/> 8. Other animal cooking</p> <p><input type="checkbox"/> 9. Least contact/reheating</p> <p><input type="checkbox"/> 10. Food container</p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 12. Self-service condiments</p> <p><input type="checkbox"/> 13. Reservice of food</p>	<p><input type="checkbox"/> 14. Sneeze guards</p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/toxic materials</p> <p>PERSONNEL</p> <p><input type="checkbox"/> 17. Exclusion of personnel</p> <p><input type="checkbox"/> 18. Cleanliness</p> <p><input type="checkbox"/> 19. Tobacco use</p> <p><input type="checkbox"/> 20. Hand washing</p> <p><input type="checkbox"/> 21. Handling of dishware</p> <p>EQUIPMENT/UTENSILS</p> <p><input type="checkbox"/> 22. Refrigeration facilities/Items</p> <p><input type="checkbox"/> 23. Sinks</p> <p><input type="checkbox"/> 24. Ice storage/counter-protector</p> <p><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip.</p> <p><input type="checkbox"/> 26. Dishwashing facilities</p>	<p><input checked="" type="checkbox"/> 27. Design and fabrication</p> <p><input type="checkbox"/> 28. Installation and location</p> <p><input checked="" type="checkbox"/> 29. Cleanliness of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p><input type="checkbox"/> 31. Water supply</p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage</p> <p><input checked="" type="checkbox"/> 34. Plumbing</p> <p><input type="checkbox"/> 35. Toilet facilities</p> <p><input type="checkbox"/> 36. Handwashing facilities</p> <p><input type="checkbox"/> 37. Garbage disposal</p> <p><input type="checkbox"/> 38. Vermin control</p>	<p>OTHER FACILITIES AND OPERATIONS</p> <p><input checked="" type="checkbox"/> 39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS</p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p>VENDING MACHINES</p> <p><input type="checkbox"/> 41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p><input type="checkbox"/> 42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p>
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COMMENTS AND INSTRUCTIONS

Violation #29 Top gaskets on true fridge and freezer dirty
Code Reference FAC: Cleaned. 64E-11.006(4). All equipment will be maintained in a clean and sanitized manner.

Violation #39 Paint chipping on wall right of milk coolers
Code Reference FAC: Other Facilities. 64E-11.08. 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 quarters shall open to the facility. No live animals. Exterior area shall be kept clean.

Violation #34 inadequate air gap at 3 comp sink (funnel attached to drain)
Code Reference FAC: Plumbing. 64E-11.007(3). Plumbing will comply with the plumbing authority having jurisdiction. Backflow prevention will be provided where needed.

Violation #27 gasket in disrepair at milk cooler by wall (work order placed should be in by end of week)
Code Reference FAC: Designed. 64E-11.006(2). All equipment will be the proper design and fabrication.

INSPECTION CONDUCTED BY: Julia Elliott

INSPECTION COND SIGNATURE: Julia Elliott

COPY OF REPORT RECEIVED BY: L. Tanner

PHONE: 239-690-2100

PHONE: 239-690-2100

DATE: 9/8/2011

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



Name: Bonita Springs Charter School

Date: 9/8/2011

Identification No: 36-48-00460

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector: Julia Elliott

Page 2

26.364677/81.794589

FOOD SERVICE

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



PURPOSE:		TYPE:		
<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> CMC	<input type="checkbox"/> CHILD
<input type="checkbox"/> CONSTRUCT	<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> NURSING	<input type="checkbox"/> MOVIE	<input type="checkbox"/> LIMITED
<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> CONSULTATION	<input type="checkbox"/> DETENTION	<input checked="" type="checkbox"/> SCHOOL	<input type="checkbox"/> OTHER
<input type="checkbox"/> QA SURVEY	<input type="checkbox"/> EPIDEMIOLOGY	<input type="checkbox"/> LOUNGE	<input type="checkbox"/> RESIDENTIAL	
<input type="checkbox"/> OTHER				

RESULTS:

Satisfactory

Incomplete

Unsatisfactory

OUT OF BUSINESS

Correct Violations by

Next Inspection

8:00 AM on

NAME Bonita Springs Charter School

ADDRESS 25380 Bernwood Drive **CITY** Bonita Springs

OWNER Lee Charter Foundation DBA **ZIP** 34135

PERSON IN CHARGE Deborah Tracy/Jorge Castillo **PHONE** (239) 992-6932

EMAIL ltanner@bonitaspringscharter.org; lindaer@leeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
09:45	10:25	08/11/2011	51835	36-48-00460	9/8/2011

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.

<p>FOOD SUPPLIES</p> <p><input type="checkbox"/> 1. Sources etc.</p> <p>FOOD PROTECTION</p> <p><input type="checkbox"/> 2. Stored temperature</p> <p><input type="checkbox"/> 3. No further cooking/rapid cooling</p> <p><input type="checkbox"/> 4. Thawing</p> <p><input type="checkbox"/> 5. Raw fruits</p> <p><input type="checkbox"/> 6. Pork cooking</p> <p><input type="checkbox"/> 7. Poultry cooking</p> <p><input type="checkbox"/> 8. Other animal cooking</p> <p><input type="checkbox"/> 9. Least contact/reheating</p> <p><input type="checkbox"/> 10. Food container</p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 12. Self-service condiments</p> <p><input type="checkbox"/> 13. Re-service of food</p>	<p><input type="checkbox"/> 14. Sneeze guards</p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/toxic materials</p> <p>PERSONNEL</p> <p><input type="checkbox"/> 17. Exclusion of personnel</p> <p><input type="checkbox"/> 18. Cleanliness</p> <p><input type="checkbox"/> 19. Tobacco use</p> <p><input type="checkbox"/> 20. Handwashing</p> <p><input type="checkbox"/> 21. Handling of dishware</p> <p>EQUIPMENT/UTENSILS</p> <p><input type="checkbox"/> 22. Refrigeration facilities/Therm.</p> <p><input type="checkbox"/> 23. Sinks</p> <p><input type="checkbox"/> 24. Ice storage/counter-protector</p> <p><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip.</p> <p><input type="checkbox"/> 26. Dishwashing facilities</p>	<p><input checked="" type="checkbox"/> 27. Design and fabrication</p> <p><input type="checkbox"/> 28. Installation and location</p> <p><input checked="" type="checkbox"/> 29. Cleanliness of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p><input type="checkbox"/> 31. Water supply</p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage</p> <p><input checked="" type="checkbox"/> 34. Plumbing</p> <p><input type="checkbox"/> 35. Toilet facilities</p> <p><input checked="" type="checkbox"/> 36. Handwashing facilities</p> <p><input type="checkbox"/> 37. Garbage disposal</p> <p><input type="checkbox"/> 38. Vermin control</p>	<p>OTHER FACILITIES AND OPERATIONS</p> <p><input checked="" type="checkbox"/> 39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS</p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p>VENDING MACHINES</p> <p><input type="checkbox"/> 41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p><input type="checkbox"/> 42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p>
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COMMENTS AND INSTRUCTIONS

Violation #39 Wall cracking at corner behind grey filing cabinet

Violation #39 paint chipping at handwash sink

Violation #39 Paint chipping on wall right of milk cooler

Violation #39 caulking coming off at handwash sink

Violation #39 Mop stored behind ice machine

Code Reference FAC: Other Facilities: 64E-11.08. 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 quarters shall open to the facility. No live animals. Exterior area shall be kept clean.

Violation #34 Inadequate air gap at 3 comp sink (funnel attached to drain)

Code Reference FAC: Plumbing: 64E-11.007(3). Plumbing will comply with the plumbing authority having jurisdiction. Backflow prevention will be provided where needed.

Continued On Page 2

INSPECTION CONDUCTED BY: Julia Elliott **PHONE:** 239-690-2100

INSPECTION COND SIGNATURE: Julia Elliott **PHONE:** 239-690-2100

COPY OF REPORT RECEIVED BY: of Danner **DATE:** 8/11/2011

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



Name: Bonita Springs Charter School

Date: 8/11/2011

Identification No: 36-48-00460

Comments and Instructions (Continued from Page 1):

n.
Violation #29: Blodgett oven bottom oven bottom 2 knobs dirty
Violation # 29 Top gaskets of true fridge and freezer dirty
Violation # 29 pipes under 3 comp sink dirty
Code Reference FAC: Cleaned. 64E-11.006(4). All equipment will be maintained in a clean and sanitized manner.
Violation #36: Handwash sink water temperature at 99.3F (needs to be between 100F and 120F)
Code Reference FAC: Handwash Sinks. 64E-11.007(5). Handwash facilities will be located in employees' restrooms, food prep areas, and in mechanical dishwash areas.
Violation #27: Gasket in disrepair at milk cooler by wall.
Code Reference FAC: Designed. 64E-11.006(2). All equipment will be the proper design and fabrication.
QA: 50 ppm
Handwash sink: 99.3F
Chicken patty: 170F
Note: Employee restroom out of order- sign on door.

Copy of Report Received By: *E-mail*

Inspector: Julia Elliott

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



PURPOSE: **TYPE:**

<input type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> REINSPECTION	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> CIVIC	<input type="checkbox"/> CHILD
<input type="checkbox"/> CONSTRUCT.	<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> NURSING	<input type="checkbox"/> MOVIE	<input type="checkbox"/> LIMITED
<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> CONSULTATION	<input type="checkbox"/> DETENTION	<input checked="" type="checkbox"/> SCHOOL	<input type="checkbox"/> OTHER
<input type="checkbox"/> QA SURVEY	<input type="checkbox"/> EPIDEMIOLOGY	<input type="checkbox"/> LOUNGE	<input type="checkbox"/> RESIDENTIAL	
<input type="checkbox"/> OTHER				

RESULTS:

Satisfactory

Incomplete

Unsatisfactory

OUT OF BUSINESS

Correct Violations by

Next Inspection

8:00 AM on

NAME Bonita Springs Charter School

ADDRESS 25380 Bernwood Drive **CITY** Bonita Springs

OWNER Lee Charter Foundation DBA Bonita Springs Charter **ZIP** 34135

PERSON IN CHARGE Deborah Tracy/Jorge Castillo **PHONE** (239) 992-6932

EMAIL ltanner@bonitaspringscharter.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
08:56	09:13	04/07/2011	54489	36-48-00460

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.

<p>FOOD SUPPLIES</p> <p><input type="checkbox"/> 1. Sources etc.</p> <p>FOOD PROTECTION</p> <p><input type="checkbox"/> 2. Stored temperature</p> <p><input type="checkbox"/> 3. No further cooking/rapid cooling</p> <p><input type="checkbox"/> 4. Thawing</p> <p><input type="checkbox"/> 5. Raw fruits</p> <p><input type="checkbox"/> 6. Pork cooking</p> <p><input type="checkbox"/> 7. Poultry cooking</p> <p><input type="checkbox"/> 8. Other animal cooking</p> <p><input type="checkbox"/> 9. Least contact/reheating</p> <p><input type="checkbox"/> 10. Food container</p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 12. Self-service condiments</p> <p><input type="checkbox"/> 13. Reservice of food</p>	<p><input type="checkbox"/> 14. Sneeze guards</p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/toxic materials</p> <p>PERSONNEL</p> <p><input type="checkbox"/> 17. Exclusion of personnel</p> <p><input type="checkbox"/> 18. Cleanliness</p> <p><input type="checkbox"/> 19. Tobacco use</p> <p><input type="checkbox"/> 20. Handwashing</p> <p><input type="checkbox"/> 21. Handling of dishware</p> <p>EQUIPMENT/UTENSILS</p> <p><input type="checkbox"/> 22. Refrigeration facilities/Therm.</p> <p><input type="checkbox"/> 23. Sinks</p> <p><input type="checkbox"/> 24. Ice storage/counter-protector</p> <p><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip.</p> <p><input type="checkbox"/> 26. Dishwashing facilities</p>	<p><input type="checkbox"/> 27. Design and fabrication</p> <p><input type="checkbox"/> 28. Installation and location</p> <p><input type="checkbox"/> 29. Cleanliness of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p><input type="checkbox"/> 31. Water supply</p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage</p> <p><input type="checkbox"/> 34. Plumbing</p> <p><input type="checkbox"/> 35. Toilet facilities</p> <p><input type="checkbox"/> 36. Handwashing facilities</p> <p><input type="checkbox"/> 37. Garbage disposal</p> <p><input type="checkbox"/> 38. Vermin control</p>	<p>OTHER FACILITIES AND OPERATIONS</p> <p><input type="checkbox"/> 39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS</p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p>VENDING MACHINES</p> <p><input type="checkbox"/> 41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p><input type="checkbox"/> 42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p>
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COMMENTS AND INSTRUCTIONS

INSPECTION CONDUCTED BY: Mike Kish

INSPECTION COND SIGNATURE: *Mike Kish*

COPY OF REPORT RECEIVED BY: *Danna Tanner*

PHONE: 239-690-2100

PHONE: 239-690-2100

DATE: 04/07/2011

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



PURPOSE:

TYPE:

- | | | | | |
|---|--|------------------------------------|--|----------------------------------|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> CIVIC | <input type="checkbox"/> CHILD |
| <input type="checkbox"/> CONSTRUCT | <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> NURSING | <input type="checkbox"/> MOVIE | <input type="checkbox"/> LIMITED |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION | <input type="checkbox"/> DETENTION | <input checked="" type="checkbox"/> SCHOOL | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY | <input type="checkbox"/> LOUNGE | <input type="checkbox"/> RESIDENTIAL | |
| <input type="checkbox"/> OTHER | | | | |

RESULTS:

- Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS
- Correct Violations by
 Next inspection
 8:00 AM on

NAME Bonita Springs Charter School
ADDRESS 25380 Bernwood Drive **CITY** Bonita Springs
OWNER Lee Charter Foundation DBA Bonita Springs Charter **ZIP** 34135
PERSON IN CHARGE Deborah Tracy **PHONE** (239) 992-6932
EMAIL ltanner@bonitaspringscharter.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
09:15	10:12	03/21/2011	54489	36-45-00460

RE-INSPECTION DATE
4/7/2011

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

OTHER 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

Violation #22 No thermometers inside the milk coolers (3) *Leanna*
Violation #39 Paint is peeling from the walls and from column in the cafeteria. *Bill*
Violation #38 The dumpster lid is open.
Violation #38 The weather stripping is damaged on the exterior doors in the kitchen. *Done*
Violation #39 Dirt buildup on the floor in the kitchen. *Done*
Violation #38 Dead insects on the floor behind the ice machine. *Done*
Violation #29 The inside of the ice machine is dirty. *Done*
Violation #29 ice scoop and ice scoop holder are dirty. *Done*
Violation #29 Dirt buildup on the covers for the mobile beverage coolers. *Leanna*
Violation #39 No covered trash can in the restroom. *Me*
Violation #39 Dust buildup on the exhaust fan in the employee restroom. *Done*
Violation #39 Light shield is missing from the light fixture in the employee restroom. *Done*
Violation #39 Areas of the table top at the service window are damaged and are not cleanable. *both done*
Violation #39 Holes in the wall near the *Done*

Continued On Page 2

INSPECTION CONDUCTED BY: Mike Kish
INSPECTION COND SIGNATURE: *M Kish*
COPY OF REPORT RECEIVED BY: *Deborah Tracy*

PHONE: 239-690-2100
PHONE: 239-690-2100
DATE: 3/21/2011

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



Name: Bonita Springs Charter School

Date: 3/21/2011

Identification No: 36-48-00460

Comments and Instructions (Continued from Page 1):

Violation #39 Light bulb is not functioning in the employee restroom. *Done*
Violation #16 No testing strips for quaternary ammonia. *today in Mail*

Copy of Report
Received By:

A. Janner

Inspector Mike Kish

Page 2