

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

**PURPOSE:**

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

- ☐ ALF
☐ Fraternal
☐ Detention
☐ Bar/Lounge
☐ Civic
☐ Movie/Theater
☒ School
☐ Residential Treatment Facility
☐ After School Meal
☐ Adult Day Care
☐ Other: _____

NAME OF ESTABLISHMENT Orlando Science C.S.
ADDRESS 2611 Technology Dr. **CITY** Orlando
OWNER Michael Singleton **ZIP** 32804
PERSON IN CHARGE S.C.S. **PHONE** 407 253 7304

RESULTS

- ☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory

Correct Violations by

- ☒ Next Inspection
☐ 8:00 AM on: _____

DATE☐ OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
		9/20/16	05573	42-48-1534640

Items marked below are not in compliance with 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 of the Florida Administrative Code and Chapters 381 and 386 of the Florida Statutes. Violations must be corrected as 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. Reservice 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 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

ITEM NUMBERS**COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

10) left-over food for tomorrow not labeled -> name & date	

HEALTH DEPARTMENT INSPECTOR:

COPY OF REPORT RECEIVED BY:

PHONE: 407 867 7892

DATE: 9/20/16