

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 53-48-01951  
Name of Facility: Berkley Elementary  
Address: 5240 Berkley Road  
City, Zip: Auburndale 33823

**Correct By: Next Inspection  
Re-Inspection Date: None**

Type: School (more than 9 months)  
Owner: Berkley Elementary  
Person In Charge: Norris, Sharon Phone: (863) 968-5045

**Inspection Information**

Purpose: Routine  
Inspection Date: 11/1/2017

Begin Time: 11:40 AM  
End Time: 12:00 PM

**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**

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

**General Comments**

Facility is clean and well lit and there are no signs of pests/rodents.

Email Address(es): Sharon.Norris@polk-fl.net

Inspector Signature:

Client Signature:

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2 of 2

**Violations Comments**

**Violation #22. Refrigeration facilities/Thermometers**

Walk in freezer thermometer is broken, which does not allow for proper temperature readings. The thermometer was fixed during inspection by way of new thermometer to replace broken one.

CODE REFERENCE: Refrigerators. 64E-11.006(1), (1)(a). There will be sufficient, working, refrigerators. Each refrigerator will have a working thermometer.

Inspection Conducted By: Steven Meadows (29341)  
Inspector Contact Number: Work: (863) 578-2027 ex.  
Print Client Name: Sharon Norris  
Date: 11/1/2017

Inspector Signature:

Handwritten signature of Steven Meadows.

Client Signature:

Handwritten signature of Sharon Norris.