



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ANNUAL SANITATION CERTIFICATE

805264

For: Food Program - School Cafeterias

Audit Control: F010830
Permit Number: 36-48-00580

Facility Name: **Gateway Charter High School**
Issued To: Lee Charter Foundation DBA GCHS
12770 Gateway Blvd
Ft. Myers, FL 33913

County: Lee
Issue Date: 10/1/2008
Amount Paid: \$ 165.00
Date Paid: 9/25/2008

Mailed To: Gateway Charter School C/O Charter School USA
6245 N. Federal Hwy 5th Fl.
Ft. Lauderdale, FL 33308

Permit Expires On: September 30, 2009


Jim Love, R.E.H.S.
DIRECTOR OF ENVIRONMENTAL HEALTH

Issued by: Lee County Health Department, Environmental Health Division
2265 Victoria Avenue, Room 206, Fort Myers, FL 33901 (239) 690-2100

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

ORIGINAL - CUSTOMER

(Non-Transferable)

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> OTHER | |

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT GATEWAY CHARTER HIGH SCHOOL
 ADDRESS 1775 GATEWAY BLVD CITY FORT MYERS
 OWNER SUPREMACY GATEWAY LLC ZIP 33913
 PERSON IN CHARGE Donna Hickman PHONE 788-3500

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
11:15 AM	11:45 AM	10/24/08	54989	36-48-00580	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input checked="" type="checkbox"/> School <input type="checkbox"/> Residen. <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other
01:00	01:00				
02:05 AM	02:05 AM				
03:10 AM	03:10 AM				
04:15	04:15				
05:20	05:20				
06:25	06:25				
07:30	07:30				
08:35	08:35				
09:40	09:40				
10:45	10:45				
11:50	11:50				
12:55	12:55				

Approved by the Florida Administrative Code and the Florida Department of Health, Bureau of Food Safety and Inspection, and the Florida Department of Health, Bureau of Environmental Health Services. This form is subject to change without notice. The Florida Department of Health, Bureau of Food Safety and Inspection, and the Florida Department of Health, Bureau of Environmental Health Services are not responsible for the use of this form by any other agency.

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

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

10 PERSONAL FOODS (JAR) WITHIN A CABINET

10 Paper products stored less than 6 inches above the floor

*-SERVING KITCHEN ONLY - RE HEAT

HEALTH DEPARTMENT INSPECTOR: MIKE KISH PHONE: 690-2140

COPY OF REPORT RECEIVED BY: Donna Hickman DATE: 10-24-08