

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 06-48-1357462
Name of Facility: Renaissance Charter School at Coral Springs
Address: 6250 W Sample Road
City, Zip: Coral Springs 33067

Correct By: None
Re-Inspection Date: None

Type: School (9 months or less)
Owner: Red Apple at Springs Gate LLC
Person In Charge: Northup, Kristen Phone: (954) 369-1179

Inspection Information

Purpose: Routine
Inspection Date: 5/15/2018

Begin Time: 12:16 PM
End Time: 12:53 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

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

Inspector Signature:

Client Signature:

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General Comments

Hand sink: 128F
Mop sink: 100F
Bathroom: 115F

Milk chest: 38F, 40F
Milk: 39F, 38F

Serving line: 156F

Freezer chest: -10F
Reach in cooler: 38F, 30F
Reach in freezer: 0F, 20F
Yogurt: 41F

Three compartment sink: 200 ppm quat ammonium

Email Address(es): aadkins@recscoralsprings.org;
jadkins@recscoralsprings.org

Violations Comments

No Violation Comments Available

Inspection Conducted By: Thu Le (6607)
Inspector Contact Number: Work: (954) 467-4700 ex. 4253
Print Client Name:
Date: 5/15/2018

Inspector Signature:

Handwritten signature of the inspector, Thu Le.

Client Signature:

Handwritten signature of the client.