


Food Establishment Inspection Report

	Facility Type:		<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp
<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Hospice	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.	<input type="checkbox"/> Short-term Res Treat	<input type="checkbox"/> Transitional Living Fac
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.			<input checked="" type="checkbox"/> School		
PURPOSE: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other						Grade: _____
Name of Establishment: Country Isles Elem School				RESULTS:		Correct by: <input checked="" type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) Stop Sale Issued
Address: 2300 Country Isle Road City: Fort Lauderdale				<input checked="" type="checkbox"/> Satisfactory		
ZIP Code: 33326		Name of Person in Charge: Becky Bedrin		<input type="checkbox"/> Unsatisfactory		
Telephone: 754-323-5260		Person in Charge Email: rebecca.bedrin@browardschools.com		<input type="checkbox"/> Incomplete		
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number		
11/20/18	9:44 am	10:53 am	06-48-00183	006559	<input type="checkbox"/> Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) 3
					<input type="checkbox"/> Out of Business	Number of Repeat Violations (1-57 R) 0
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
Indicate the compliance status: Mark an "X" under the compliance status, IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility.						
Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection						
Compliance Status				Compliance Status		
IN OUT N/A N/O				IN OUT N/A N/O		
Supervision				Protection from Contamination		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Demonstration of Knowledge/Training	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	Certified Manager/Person in Charge present	16	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employee Health				Time/Temperature Control for Safety		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Knowledge, responsibilities and reporting	17	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Responding to vomiting & diarrheal events	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory		
6	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	20	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Highly Susceptible Populations		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food	23	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks, accessible & supplies	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Approved Source				Additives and Toxic Substances		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, & unadulterated	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	Shellstock tags & parasite destruction	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.				Approved Procedures		
				29	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.						
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
IN OUT N/A N/O				IN OUT N/A N/O		
Safe Food and Water				Proper Use of Utensils		
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water & ice from approved source	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for special processing	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				Utensils, Equipment and Vending		
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods; adequate equipment	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Identification				Physical Facilities		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				51	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, & animals not present	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Contamination (preparation, storage, display)	53	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	54	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				57	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Person in Charge (Print & Signature) Vanessa Cox <i>Vanessa Cox</i>				Date: 11/20/18		
Inspector (Print & Signature) Marquena Boyd <i>MB</i>				Phone: 954-829-2742		

Food Establishment Inspection Report

Name of Establishment: Country Isles Elem School	Permit Number: 06-48-00183	Date: 11/20/18
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
HANDWASHING SINK	113F	MILK COOLER	28F	STEAM TABLE: STRING BEANS, MASH POTATOES, FRIED CHICKEN	171F, 207F, 149F
FOOD PREP SINK	105F	REACH IN REFRIGERATOR	28F	WARMER: FRIED CHICKEN	205F
BATHROOM	106F	WALK IN REFRIGERATR	36F	MILK COOLER: MILK	35F
MOP SINK	103F	WALK IN FREEZER	0F	REACH IN REFRIGERATOR: YOGURT	35F
				WALK IN REFRIGERATOR: YOGURT	37F

OBSERVATIONS AND CORRECTIVE ACTIONS

Violation Number	Violations cited in this report must be corrected
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23	OBSERVED FOOD (BROCCOLI, GROUND BEEF, CHICKEN PATTIES, AND HASHBROWNS) IN WALK IN FREEZER MISSING FREEZE DATE.
	OBSERVED FOOD (BROCCOLI AND HAM) IN WALK IN REFRIGERATOR MISSING THAW DATE. CORRECTED ON SITE.
28	CLEANING/SANITIZING PRODUCT MISSING LABEL IDENTIFYING CONTENT. CORRECTED ON SITE.
35	PREVIOUSLY FROZEN TCS FOOD (BROCCOLI) THAWING IN REACH IN REFRIGERATOR ON TOP OF CHEESE.
41	WET WIPING CLOTHS NOT STORED IN A CHEMICAL SANITIZER SOLUTION. CORRECTED ON SITE.
43	ICE SCOOP STORED ON UNCLEAN SURFACE.
47	SINGLE SERVICE ITEMS (PLATES AND CUPS) NOT PROPERLY STORED/ PROTECTED FROM CONTAMINATION.
48	IMPROPER DRYING, WET NESTING OF EQUIPMENT/UTENSILS AFTER SANITIZATION. CORRECTED ON SITE.

NOTES:

3 COMPARTMENT SINK: QUAT AMMONIUM 200 PPM

Person in Charge (Signature) <i>Yanessa Cox</i>	Date 11/20/18
Inspector (Signature) <i>MB</i>	Date 11/20/18

FORM DH4023B 03/2018

By typing my signature, in the signature space provided above, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 668.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).