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



RESULT: Satisfactory **Facility Information**

Permit Number: 06-48-00094

Name of Facility: Boyd Anderson High School

Address: 3050 NW 41 Street City, Zip: Lauderdale Lakes 33309

Type: School (more than 9 months)

Owner: Broward County School Board - Food & Nutrition Services Person In Charge: MURREN CHEBAT Phone: 754-322-0210 PIC Email: MURREN.CHEBAT@BROWARDSCHOOLS.COM

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 1 Begin Time: 09:15 AM Inspection Date: 10/12/2021 Number of Repeat Violations (1-57 R): 0 End Time: 11:31 AM

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: No

Marking Key: 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; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- NA 2. Certified Manager/Person in charge present **EMPLOYEE HEALTH**
- IN 3. Knowledge, responsibilities and reporting
- IN 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- IN 6. Proper eating, tasting, drinking, or tobacco use
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- No bare hand contact with RTE food
- **OUT** 10. Handwashing sinks, accessible & supplies APPROVED SOURCE

 - IN 11. Food obtained from approved source
 - N 12. Food received at proper temperature
 - IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- NO 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- **IN** 21. Hot holding temperatures
- N 22. Cold holding temperatures
- IN 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records
 - **CONSUMER ADVISORY**
- NA 25. Advisory for raw/undercooked food

HIGHLY SÚSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods
- ADDITIVES AND TOXIC SUBSTANCES
- IN 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
 - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:

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Client Signature:

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Good Retail Practices

SAFE FOOD AND WATER

NA 30. Pasteurized eggs used where required

IN 31. Water & ice from approved source

NA 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

IN 33. Proper cooling methods; adequate equipment

IN 34. Plant food properly cooked for hot holding

N 35. Approved thawing methods

IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

N 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

IN 38. Insects, rodents, & animals not present

IN 39. No Contamination (preparation, storage, display)

IN 40. Personal cleanliness

IN 41. Wiping cloths: properly used & stored

N 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

IN 43. In-use utensils: properly stored

IN 44. Equipment & linens: stored, dried, & handled

IN 45. Single-use/single-service articles: stored & used

IN 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces

IN 48. Ware washing: installed, maintained, & used; test strips

IN 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

IN 50. Hot & cold water available; adequate pressure

IN 51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleanedIN 54. Garbage & refuse disposal

IN 55. Facilities installed, maintained, & clean

OUT 56. Ventilation & lighting

IN 57. Permit; Fees; Application; Plans

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.

Violations Comments

Violation #10. Handwashing sinks, accessible & supplies

OBSERVED WASTE CONTAINERS NOT PROVIDED FOR ALL USED HANDWASHING SINKS.

CODE REFERENCE: 64E-11.003(5)(d). Handwashing sinks are properly equipped with hand soap, individual disposable towels or hand drying device, and signage; and conveniently located.

Violation #56. Ventilation & lighting

OBSERVED LIGHTBULBS OUT IN ONE LIGHT FIXTURE IN FOOD STORAGE ROOM.

CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.

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General Comments

EMPLOYEE FOOD SAFETY TRAINING DONE ON 08/16/2021

FOOD TEMP:

SHEPHARD PIE 208 F, CHICKEN ALFREDO 188F, SWEET POTATO FRIES 142F, MILK 39F, CARROTS 40F, SLICED CUCUMBERS 37F, HAM 40F, PIZZA 178 F

SALAD 50F COOLING IN WALKIN REFRIGERATOR

REFRIGERATOR TEMPS DC #3: 30 F

RR #4 40 F DC#4 25 F

WALKIN REFR.GERATOR 39 F

WALKIN FREEZER -5 F

HOT WATER TEMP: HANDSINKS 117 F- 125 F MOP SINK TEMP 106F

Email Address(es): MURREN.CHEBAT@BROWARDSCHOOLS.COM

Inspection Conducted By: Juanita Marshall (27072) Inspector Contact Number: Work: (954) 412-7321 ex.

Print Client Name: Date: 10/12/2021

Inspector Signature:

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Client Signature:

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