

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00849
Name of Facility: Whiddon-Rogers Education Ctr
Address: 700 SW 26 Street
City, Zip: Fort Lauderdale 33315

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

Type: School (9 months or less)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: WYLIE HOWARD Phone: (754) 321-7550

Inspection Information

Purpose: Routine
Inspection Date: 5/9/2018

Begin Time: 08:45 AM
End Time: 09:17 AM

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	X 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	X 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	X 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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2 of 2

General Comments

FOOD WAS NOT BEING SERVED AT THE TIME OF INSPECTION

HANDSINK: 104 F
MOPSINK: 106 F
EMPLOYEE BATHROOM SINK: 115 F

REACH IN COOLERS: 38-41 F
REACH IN FREEZERS: 0 F
WALK IN COOLER: 39 F
WALK IN FREEZER: 0 F

PREP SINK: 114 F
3 COMP SINK: 127 F
SANITIZER: QUATERNARY AMMONIUM 200 PPM

FOODS TESTED:
GROUND BEEF: 192 F
CHICKEN BREAST: 156 F
SALAD (ROMAINE AND TOMATO SLICES): 40 F

Email Address(es): ARDEN.KEYES@BROWARDSCHOOLS.COM

Violations Comments

Violation #27. Design and fabrication
OBSERVED BOTH HANDLES IN THE REACH IN FREEZER LOCATED IN THE DRY STORAGE AREA WERE IN DISREPAIR
CODE REFERENCE: Designed. 64E-11.006(2). All equipment will be the proper design and fabrication.

Violation #37. Garbage disposal
OBSERVED ONE LID ON THE DUMPSTER OPEN AT THE TIME OF INSPECTION
CODE REFERENCE: Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Violation #39. Other facilities and operations
OBSERVED LIGHT COVER IN DISREPAIR IN FRONT OF THE EMPLOYEE RESTROOM AREA
CODE REFERENCE: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Natalie Zaher (34196)
Inspector Contact Number: Work: (954) 467-4700 ex. 4213
Print Client Name: WHIDDON ROGERS EDUCATION CTR
Date: 5/9/2018

Inspector Signature:

Client Signature: