

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00595  
Name of Facility: Parkway Middle School  
Address: 3600 NW 5 Court  
City, Zip: Fort Lauderdale 33311

Type: School (more than 9 months)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Melissa Brinson Phone: (754) 321-0215  
PIC Email: Melissa.Brinson@browardschools.com

**Inspection Information**

Purpose: Routine  
Inspection Date: 5/9/2024  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 1  
Number of Repeat Violations (1-57 R): 1  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 08:43 AM  
End Time: 09:15 AM

*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
- IN** 7. No discharge from eyes, nose, and mouth

**PREVENTING CONTAMINATION BY HANDS**

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

**APPROVED SOURCE**

- IN** 11. Food obtained from approved source
- NO** 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

- OUT** 16. Food-contact surfaces; cleaned & sanitized (**R, COS**)

- NO** 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- NO** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 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 SUSCEPTIBLE POPULATIONS**

- IN** 26. Pasteurized foods used; No prohibited foods

**ADDITIVES AND TOXIC SUBSTANCES**

- NA** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

**APPROVED PROCEDURES**

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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



**Good Retail Practices**

<b>SAFE FOOD AND WATER</b>	
<u>NA</u> 30. Pasteurized eggs used where required	<u>NO</u> 46. Slash resistant/cloth gloves used properly
<u>IN</u> 31. Water & ice from approved source	<b>UTENSILS, EQUIPMENT AND VENDING</b>
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
<b>FOOD TEMPERATURE CONTROL</b>	<u>IN</u> 48. Ware washing: installed, maintained, & used; test strips
<u>NO</u> 33. Proper cooling methods; adequate equipment	<u>IN</u> 49. Non-food contact surfaces clean
<u>NO</u> 34. Plant food properly cooked for hot holding	<b>PHYSICAL FACILITIES</b>
<u>IN</u> 35. Approved thawing methods	<u>IN</u> 50. Hot & cold water available; adequate pressure
<u>IN</u> 36. Thermometers provided & accurate	<u>IN</u> 51. Plumbing installed; proper backflow devices
<b>FOOD IDENTIFICATION</b>	<u>IN</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
<b>PREVENTION OF FOOD CONTAMINATION</b>	<u>OUT</u> 54. Garbage & refuse disposal
<u>IN</u> 38. Insects, rodents, & animals not present	<u>OUT</u> 55. Facilities installed, maintained, & clean
<u>OUT</u> 39. No Contamination (preparation, storage, display)	<u>IN</u> 56. Ventilation & lighting
<u>IN</u> 40. Personal cleanliness	<u>IN</u> 57. Permit; Fees; Application; Plans
<u>IN</u> 41. Wiping cloths: properly used & stored	
<u>IN</u> 42. Washing fruits & vegetables	
<b>PROPER USE OF UTENSILS</b>	
<u>IN</u> 43. In-use utensils: properly stored	
<u>IN</u> 44. Equipment & linens: stored, dried, & handled	
<u>IN</u> 45. Single-use/single-service articles: stored & used	

*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**

<p>Violation #16. Food-contact surfaces; cleaned &amp; sanitized Improper drying, wet nesting of equipment, tray, in prep area, under table, after sanitization. Clean, sanitize and air-dry equipment/utensils. Corrective action taken. Tray re-sanitized by staff.</p> <p>Mold/mildew inside ice machine. Clean and sanitize inside ice machine.</p> <p>CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.</p>
<p>Violation #39. No Contamination (preparation, storage, display) Condensation dripping from inside milk cooler 2. Repair/replace milk cooler. CODE REFERENCE: 64E-11.003(2). Food shall be protected from sources of contamination and stored in a clean, dry location at least 6 inches above the floor.</p>
<p>Violation #54. Garbage &amp; refuse disposal Garbage dumpster not kept covered with tight fitted lids. Maintain garbage dumpster closed, provide tight fitted lids.</p> <p>CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.</p>
<p>Violation #55. Facilities installed, maintained, &amp; clean Ceiling paint peeling, in disrepair, above prep area. Repair ceiling. CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.</p>

Inspector Signature:

Client Signature:

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



**General Comments**

Result: Satisfactory

Sanitizer:

QAC (3 comp. sink): 400 ppm

QAC (bucket) x 4:200-400ppm

Temperatures:

Handsink: 109F

Prepsink: 110F

Restroom: 118F

Mopsink:120F

Cold Holding

Reach-in fridge x 2: 34-40F

Yogurt(reach-in fridge 1): 36F

Milk (reach-in fridge 2): 39F

Reach-in freezer x 2: -20- -10F

Walk-in fridge: 39F

Walk-in freezer:-10F

Milk (serving line) x 2: 38-40F

Hot holding

Oven x 2 :350F

Employee Food Safety Training completed 4/16/24

2 Thermometers calibrated at: 32F

Note: Pest Records provided from Beach Environmental for April 5th, 2024.

Email Address(es): Melissa.Brinson@browardschools.com

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

Form Number: DH 4023 03/18

06-48-00595 Parkway Middle School

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



Inspection Conducted By: Christian Sapovits (30689)  
Inspector Contact Number: Work: (954) 412-7328 ex.  
Print Client Name:  
Date: 5/9/2024

Inspector Signature:

Handwritten signature of Christian Sapovits.

Client Signature:

Handwritten signature of the client.

Form Number: DH 4023 03/18

06-48-00595 Parkway Middle School