

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00172  
Name of Facility: Cooper City High School  
Address: 9001 Stirling Road  
City, Zip: Cooper City 33328

Type: School (9 months or less)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Tammi Genovese Phone: (754) 321-0215  
PIC Email: Tammi.Genovese@browardschools.com

**Inspection Information**

Purpose: Routine  
Inspection Date: 5/27/2025  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0  
Number of Repeat Violations (1-57 R): 0  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 09:50 AM  
End Time: 10:29 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

- IN** 16. Food-contact surfaces; cleaned & sanitized

- NO** 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- IN** 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:

Form Number: DH 4023 03/18

06-48-00172 Cooper City High School

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



### Good Retail Practices

#### SAFE FOOD AND WATER

- NO** 30. Pasteurized eggs used where required  
**IN** 31. Water & ice from approved source  
**NA** 32. Variance obtained for special processing

#### FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment  
**IN** 34. Plant food properly cooked for hot holding  
**NO** 35. Approved thawing methods  
**IN** 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

#### PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present  
**IN** 39. No Contamination (preparation, storage, display)  
**OUT** 40. Personal cleanliness (**COS**)  
**IN** 41. Wiping cloths: properly used & stored  
**IN** 42. Washing fruits & vegetables  
**PROPER USE OF UTENSILS**  
**IN** 43. In-use utensils: properly stored  
**IN** 44. Equipment & linens: stored, dried, & handled  
**OUT** 45. Single-use/single-service articles: stored & used (**COS**)

- NO** 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, & cleaned  
**IN** 54. Garbage & refuse disposal  
**OUT** 55. Facilities installed, maintained, & clean  
**IN** 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 #40. Personal cleanliness

Food employee not wearing effective hair restraint. Provide effective hair restraint. Corrective action taken. Hairnet given to staff.

CODE REFERENCE: 64E-11.003(3). Employees shall wear effective hair restraints; clean outer clothing; gloves when nails are artificial, polished, or not trimmed; and not wear prohibited jewelry.

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

Single-use item, plastic lid, stored directly on floor. Store single-use items 6 inches off floor. Corrective action taken. Item stored properly by staff.

CODE REFERENCE: 64E-11.003(4). Single-service/Single-use articles must be properly stored and protected to prevent possible contamination. Discard items after use.

Violation #55. Facilities installed, maintained, & clean

Garbage container/dumpster not kept covered with tight fitted lids. Maintain garbage container/dumpster closed, provide tight fitted lids.

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.

### General Comments

Result: Satisfactory

Full Service Kitchen

Sanitizer:

QAC: (3 comp sink): 400ppm

QAC(bucket) x 2: 200-400ppm

Sink Temperatures:

Handsink x 4: 110- 118F

Prepsink x 3: 112-120F

Restroom

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

06-48-00172 Cooper City High School

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



M:102F  
F: 100F  
Mopsink:120F

Cold Holding

Reach-in fridge x 4: 38 - 41F  
Milk(Reach-in fridge 1): 39F  
Reach-in fridge 2: 38F  
Milk (reach-in fridge 2):39F  
Walk-in fridge: 40F  
Walk-in freezer:-2F  
Cheese (walk-in fridge): 41F  
Ice cream freezer: -10F  
Milk serving line x 2: 38-41F

Hot holding

Pizza(hot holding device) x 2:138-158F  
Pizza (oven):220F  
Fries (Holding unit ):180 F  
Pizza(Holding unit 2 ):178 F

1 Thermometer calibrated at: 32F

Note: Recent pest record provided from Tower Pest Control, 4/24/25.

Employee food safety training completed, March 2025.

Restrictions:

No dogs or non-service animals allowed inside establishment.

Email Address(es): Tammi.Genovese@browardschools.com

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

06-48-00172 Cooper City High 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: 5/27/2025

Inspector Signature:

A handwritten signature in blue ink, appearing to be "CS", written over a horizontal line.

Client Signature:

A handwritten signature in blue ink, appearing to be "Tina", written over a horizontal line.

Form Number: DH 4023 03/18

06-48-00172 Cooper City High School