

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00109  
 Name of Facility: Broward Estates Elementary  
 Address: 441 NW 35 Avenue  
 City, Zip: Fort Lauderdale 33311

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

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:00 AM
Inspection Date: 10/25/2021	Number of Repeat Violations (1-57 R): 0	End Time: 10:51 AM
Correct By: None	FacilityGrade: N/A	
<b>Re-Inspection Date: None</b>	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
- 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

**PROTECTION FROM CONTAMINATION**

- IN 14. Shellstock tags & parasite destruction
- 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
- IN 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- IN 23. Date marking and disposition

**CONSUMER ADVISORY**

- NA 24. Time as PHC; procedures & records
- 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:

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**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**

- IN** 33. Proper cooling methods; adequate equipment
- IN** 34. Plant food properly cooked for hot holding
- IN** 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)
- IN** 40. Personal cleanliness
- 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
- IN** 45. Single-use/single-service articles: stored & used

- 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
- IN** 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**

No Violation Comments Available

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

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**General Comments**

Result: Satisfactory

Sanitizer:  
Quat: 200ppm

Temperatures:  
Handsink: 100F  
Prepsink x 2: 100-109F  
Restroom: 101F  
Reach-in fridge x 2: 38-41F  
Dressing(reach-in fridge 1): 39F  
Milk (reach-in fridge 2): 38F  
Walk-in fridge: 40F  
Walk-in freezer:-20  
Milk(walk-in fridge): 38F  
Ice cream freezer: -10F  
Milk (serving line): 40F  
Potatoes(hot holding/ serving line): 140F  
Convection oven : 200F  
Fried Chicken(convection oven): 150F

Employee Food Safety Training completed 8/16/21

Facility does not use Time as Public Health Control.

Observed TCS Cooling/Thawing/Reheating procedures.  
Observed multiuse utensil cleaning and sanitizing procedures.

2 Thermometers calibrated at: 32F

Email Address(es): maureen.bain@browardschools.com

Inspection Conducted By: Christian Sapovits (6608)  
Inspector Contact Number: Work: (954) 412-7328 ex.  
Print Client Name:  
Date: 10/25/2021

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

06-48-00109 Broward Estates Elementary