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



# **Facility Information**

#### **RESULT: Satisfactory**

Permit Number: 06-48-01612 Name of Facility: Rock Island Elementary Address: 1701 NW 23 Avenue City, Zip: Fort Lauderdale 33311

Type: School (more than 9 months) Owner: Broward County School Board - Food & Nutrition Services Person In Charge: Mona Joseph Phone: (754) 322-8310 PIC Email: mona.joseph@browardschools.com

#### **Inspection Information**

Purpose: Routine Inspection Date: 2/21/2025 Correct By: None **Re-Inspection Date: None**  Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0 FacilityGrade: N/A StopSale: No Begin Time: 09:10 AM End Time: 09:38 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
- N 2. Certified Manager/Person in charge present EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- IN 4. Proper use of restriction and exclusion
- N 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
- 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
- IN 17. Proper disposal of unsafe food
- TIME/TEMPERATURE CONTROL FOR SAFETY
  18. Cooking time & temperatures
- N 19. Reheating procedures for hot holding
- N 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
- N 27. Food additives: approved & properly used
- N 28. Toxic substances identified, stored, & used APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:		Client Signature:
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Form Number: DH 4023 03/	18 06-48-01612	Rock Island Elementary

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# **Good Retail Practices**

# SAFE FOOD AND WATER

- IN 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
- NO 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)
- IN 40. Personal cleanliness
- IN 41. Wiping cloths: properly used & stored
- NO 42. Washing fruits & vegetables
  - PROPER USE OF UTENSILS
  - N 43. In-use utensils: properly stored
- N 44. Equipment & linens: stored, dried, & handled
- N 45. Single-use/single-service articles: stored & used

- NA 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
- N 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:

**Client Signature:** 

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



# **General Comments**

Result: Satisfactory

Employee Food Safety Training/Employee Health policy training completed on 08/08/2024

Food Temps No hot TCS food available at time of inspection Milk: 41 F

**Refrigerator Temps** Reach-in refrigerator #1: 41 F Reach-in refrigerator #2: 30 F Reach-in refrigerator #3: 30 F Chest freezer: - 10 F Walk-in refrigerator: 30 F Walk-in freezer: 0 F Mlik Chest Cooler #1: 41 F

Hot Water Temps Kitchen handsink #1: 100 F Kitchen handsink #2: 100 F Kitchen handsink #3: 100 F 3 comp. sink: 110 F Food prep sink: 100 F Employee bathroom handsink: 100 F

Sanitizer Used 3 comp. sink chemical sanitizer (QA): 200 ppm Sanitizer Test kit provided.

Probe Food Thermometer Thermometer calibrated at 32F.

NON-SERVICE ANIMALS No dogs or non-service animals allowed inside establishment.

Email Address(es): mona.joseph@browardschools.com; cormic.priester@browardschools.com

Inspection Conducted By: Alberto Torres Rosal (6607) Inspector Contact Number: Work: (954) 412-7281 ex. Print Client Name: Toneia Bates Date: 2/21/2025

**Inspector Signature:** 

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**Client Signature:** 

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