

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00513  
Name of Facility: Mirror Lake Elem School  
Address: 1200 NW 72 Avenue  
City, Zip: Plantation 33313

Type: School (more than 9 months)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Tasha Cokley Phone: 754-322-7110  
PIC Email: tasha.cokley@browardschools.com

**Inspection Information**

Purpose: Routine  
Inspection Date: 7/10/2024  
Correct By: None  
**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: 12:06 PM  
End Time: 12:39 PM

*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
- IN** 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

- IN** 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- NO** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 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**

- IN** 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
- 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**

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 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
- 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:

Client Signature:

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**General Comments**

SATISFACTORY INSPECTION.

HOT WATER:

- HAND SINK: 100F-101F
- 4 COMP SINK: 131F
- PREP SINK: 104F
- RESTROOM: 104F
- MOP SINK: 114F

EQUIPMENT:

- REACH-IN REFRIGERATOR: 35F, 28F
- WALK-IN REFRIGERATOR: 37F
- WALK-IN FREEZER: 0F
- MILK COOLER: 40F

FOOD:

- YOGURT: 37F

SANITIZER:

- 4 COMP SINK WAS NOT SET UP AT TIME OF INSPECTION.
- QAC TEST KIT OBSERVED.

CERTIFIED FOOD MANAGER/EMPLOYEE TRAINING

EMPLOYEE FOOD SAFETY TRAINING/EMPLOYEE HEALTH POLICY TRAINING COMPLETED ON 3/21/2024

PROBE FOOD THERMOMETER

THERMOMETER CALIBRATED AT 33.1F.

PEST CONTROL

FACILITY MUST IMPLEMENT AN INTEGRATED PEST MANAGEMENT PLAN.  
PEST CONTROL SERVICE PROVIDED BY BEACH ENVIRONMENTAL.

NON-SERVICE ANIMALS

NO DOGS OR NON-SERVICE ANIMALS ALLOWED INSIDE ESTABLISHMENT.

Email Address(es): tasha.cokley@browardschools.com

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

06-48-00513 Mirror Lake Elem School

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Inspection Conducted By: Amythest Rawls (54900)  
Inspector Contact Number: Work: (954) 412-7319 ex.  
Print Client Name:  
Date: 7/10/2024

Inspector Signature:

A circular stamp containing a handwritten signature.

Client Signature:

A handwritten signature in cursive script.