

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00552
Name of Facility: North Lauderdale Elementary School
Address: 7500 Kimberly Boulevard
City, Zip: North Lauderdale 33068

Type: School (9 months or less)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: Washington Landa Phone: 754-3227410
PIC Email: washington.landa@browardschools.com

Inspection Information

Purpose: Routine
Inspection Date: 11/14/2022
Correct By: None
Re-Inspection Date: None

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

Begin Time: 10:30 AM
End Time: 11:10 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

- NO** 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 (**COS**)

- NO** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- NO** 18. Cooking time & temperatures
- NO** 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
- 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:

Form Number: DH 4023 03/18

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Good Retail Practices

SAFE FOOD AND WATER

- IN** 30. Pasteurized eggs used where required
NO 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
IN 35. Approved thawing methods
IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

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

PREVENTION OF FOOD CONTAMINATION

- OUT** 38. Insects, rodents, & animals not present (**COS**)
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

Violation #16. Food-contact surfaces; cleaned & sanitized
Mold/mildew inside ice machine deflector. Corrected on site.
CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.

Violation #38. Insects, rodents, & animals not present
Observed dead roach in dry storage. Corrected on site.
CODE REFERENCE: 64E-11.003(5)(f). Effective measures shall be taken to control the presence of pests in the food establishment. Unless otherwise approved, live animals shall not be allowed.

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General Comments

Inspection Result: Satisfactory

Equipment:

Reach in refrigerator: 40F/40F

Reach in freezer: 0F/10F

Walk in refrigerator: 33F

Walk in freezer: 10F

Chest Cooler: -10F

Milk Chest Cooler: 45F (in used at time of inspection)

Hot Water:

Handwashing sink: 111F

Prep sink: 103F

4 Compartment sink: 106F

Mop sink: 103F

Bathrooms: 102F

Sanitizer:

4-compartment sink: 200PPM

Food:

Pizza: 160F

Milk: 40F

Baked beans: 140F

Employee Food Safety Training/Employee Health policy training observed dated 8/15/2022

Email Address(es): washington.landa@browardschools.com

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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Inspection Conducted By: Arlettie Abrahantes (6607)
Inspector Contact Number: Work: (954) 412-7218 ex.
Print Client Name:
Date: 11/14/2022

Inspector Signature:

A handwritten signature in black ink, appearing to be "Arlettie Abrahantes".

Client Signature:

A handwritten signature in black ink, appearing to be "MRS. [unclear]".