

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00592  
Name of Facility: Park Ridge Elementary School  
Address: 5200 NE 9 Avenue  
City, Zip: Pompano Beach 33064  
  
Type: School (9 months or less)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Lakesha Doctor Phone: (754) 321-0235  
PIC Email: lakesha.doctor@browardschools.com

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 11:40 AM
Inspection Date: 3/19/2025	Number of Repeat Violations (1-57 R): 1	End Time: 12:14 PM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: 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
- 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
- OUT 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
- 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  
**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**

- OUT** 38. Insects, rodents, & animals not present (**COS**)  
**IN** 39. No Contamination (preparation, storage, display)  
**IN** 40. Personal cleanliness  
**OUT** 41. Wiping cloths: properly used & stored (**COS**)  
**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

- 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 (**R**)  
**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 #10. Handwashing sinks, accessible & supplies

Observed red build-up in handsink in kitchen. Clean handsink.

CODE REFERENCE: 64E-11.003(5)(d). Handwashing sinks are properly equipped with hand soap, individual disposable towels or hand drying device, and signage; and conveniently located.

Violation #38. Insects, rodents, & animals not present

Observed presence of dead roach in paper storage area. Area clean and roach removed. facility receives monthly pest control service, most recent on was 3/5/2025. Provide effective integrated pest management plan for facility.

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.

Violation #41. Wiping cloths: properly used & stored

Wiping cloth sanitizing solution tested 170 PPM for (ECO Lab). Required sanitizing solution level is 272PPM. Provide required sanitizing solution level for 272ppm. Sanitizing solution increased to 272ppm.

CODE REFERENCE: 64E-11.003(2). In-use wiping cloths shall be stored in an effective and approved sanitizing solution between uses.

Violation #55. Facilities installed, maintained, & clean

Observed ceiling tile in disrepair in paper storage area. Repair/replace ceiling tiles.  
Work order #990414 placed.

Observed dents in wall in paper storage area. Repair wall.

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.

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**General Comments**

Employee Food Safety Training/Employee Health policy training completed on 08/08/24.

**Food Temps**

Cold Foods:

Milk: 38F

Yogurt: 38F

Hot Foods:

Baked Ziti: 147F

Pizza Rolls: 149F

Hot Dog: 142F

**Refrigerator Temps**

Reach-in refrigerator: 40F

Reach-in freezer: -10F-20F

Walk-in refrigerator: 40F

Walk-in freezer: -10F

Milk Chest: 38F

**Hot Water Temps**

Kitchen handsink: 117F

3 comp. sink: 115F

Food prep sink: 116F

Employee bathroom handsink: 101F

Mopsink: 113F

**Probe Food Thermometer**

Thermometer calibrated at 32F.

**Sanitizer Used**

3 comp. sink chemical sanitizer: QAC- 400ppm

Wiping bucket: QAC-400ppm

Sanitizer Test kit provided.

**PEST CONTROL**

Facility must implement an Integrated Pest Management plan.

Pest Control service provided by Tower Pest Control.

**NON-SERVICE ANIMALS**

No dogs or non-service animals allowed inside establishment.

Email Address(es): lakesha.doctor@browardschools.com

**Inspector Signature:**

**Client Signature:**

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Inspection Conducted By: Rhonda Anderson (6608)  
Inspector Contact Number: Work: (954) 412-7034 ex.  
Print Client Name:  
Date: 3/19/2025

Inspector Signature:

A handwritten signature in black ink, appearing to be "Rhonda Anderson".

Client Signature:

A handwritten signature in black ink, appearing to be "P.O.". The signature is written in a cursive style.