

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00762
Name of Facility: Sunland Park Elem School
Address: 919 NW 13 Avenue
City, Zip: Fort Lauderdale 33311

**Correct By: Next Inspection
Re-Inspection Date: None**

Type: School (more than 9 months)
Owner: Broward County School Board***
Person In Charge: Hill-Feelings, Maria Phone: (754) 322-8569

Inspection Information

Purpose: Routine
Inspection Date: 11/2/2016

Begin Time: 12:34 PM
End Time: 12:56 PM

Additional Information

No Additional Information Available

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Violation Markings

FOOD SUPPLIES	17. Exclusion of personnel	34. Plumbing
1. Sources, etc.	18. Cleanliness	35. Toilet facilities
FOOD PROTECTION	19. Tobacco use	36. Handwashing facilities
2. Stored temperature	20. Handwashing	X 37. Garbage disposal
3. No further cooking/Rapid cooling	21. Handling of dishware	38. Vermin control
4. Thawing	EQUIPMENT/UTENSILS	OTHER FACILITIES AND OPERATIONS
5. Raw fruits	22. Refrigeration facilities/Thermometers	39. Other facilities and operations
6. Pork cooking	23. Sinks	TEMPORARY FOOD SERVICE EVENTS
7. Poultry cooking	24. Ice storage/Counter-protector	40. Temporary food service events
8. Other animal cooking	25. Ventilation/Storage/Sufficient equipment	VENDING MACHINES
9. Least contact/Reheating	26. Dishwashing facilities	41. Vending machines
10. Food container	27. Design and fabrication	MANAGER CERTIFICATION
11. Buffet requirements	28. Installation and location	42. Manager certification
12. Self-service condiments	29. Cleanliness of equipment	CERTIFICATES AND FEES
13. Reservice of food	30. Methods of washing	43. Certificates and fees
14. Sneeze guards	SANITARY FACILITIES AND CONTROLS	INSPECTION/ENFORCEMENT
15. Transportation of food	31. Water supply	44. Inspection/Enforcement
16. Poisonous/Toxic materials	32. Ice	
PERSONNEL	33. Sewage	

Inspector Signature:

Saich

Client Signature:

Sharonde Bailey

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



2 of 2

General Comments

NO FOOD SERVED DURING TIME OF INSPECTION

MILK: 36°F EXP: 11/14/2016

MILK COOLER: 32°F
REACH IN COOLERS: 38°F 40°F
REACH IN FREEZER: 0°F
CHEST FREEZER: 0°F
WALK IN COOLER: 37°F
WALK IN FREEZER: -05°F

SANITIZER: QUAT TABLETS 3 COMPARTMENT SINK NOT IN USE DURING TIME OF INSPECTION
ALL SINKS USED BY EMPLOYEES HAVE HOT WATER AT THE TIME OF INSPECTION 109°F
ALL THERMOMETERS ARE IN WORKING ORDER AT THE TIME OF INSPECTION

Email Address(es): Maria.hill-feelings@browardschools.com;
nikia.ragin@browardschools.com;
SHARONDA.BAILEY@BROWARDSCHOOLS.COM

Violations Comments

Violation #37. Garbage disposal
OBSERVED: NON BAGGED GARBAGE IN SOMAT DUMPSTER.
OBSERVED: SOMAT DUMPSTER LID IN DISREPAIR - WORK ORDER ALREADY PROCESSED FOR REPAIR.
CODE REFERENCE: Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Inspection Conducted By: Clifford Saieh (6158)
Inspector Contact Number: Work: (954) 467-4700 ex. 4210
Print Client Name: SHARONDA BAILEY
Date: 11/2/2016

Inspector Signature:

Handwritten signature of Clifford Saieh.

Client Signature:

Handwritten signature of Sharonda Bailey.