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



**RESULT:** Satisfactory **Facility Information** 

Permit Number: 06-48-00441

Name of Facility: Lauderdale Lakes Middle School

Address: 3911 NW 30 Avenue City, Zip: Lauderdale Lakes 33309

Type: School (more than 9 months)

Owner: Broward County School Board - Food & Nutrition Services Person In Charge: Latoya Peterson Phone: (754) 322-3510

PIC Email: latoya.peterson@browardschools.com

# **Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 11:20 AM Inspection Date: 8/22/2023 Number of Repeat Violations (1-57 R): 0 End Time: 12:04 PM

Correct By: None FacilityGrade: N/A Re-Inspection Date: None StopSale: 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
- 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
- IN 6. Proper eating, tasting, drinking, or tobacco use
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- 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
- 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
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- N 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 SÚSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods
  - ADDITIVES AND TOXIC SUBSTANCES
- **IN** 27. Food additives: approved & properly used
- 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 06-48-00441 Lauderdale Lakes Middle School

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



# **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

IN 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

N 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

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

N 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

Equipment:

Reach in refrigerator #1: 41 F Reach in refrigerator #2: 41 F Reach in freezer: 0 F Milk chest cooler #1: 41 F Milk chest cooler #2: 41 F Chest freezer: 0 F Walk in refrigerator: 41 F Walk in freezer: 0 F

Hot Water:

Handwashing sink: 100 F Prep sink: 100 F

3 Compartment sink: 110 F

Mop sink: 100 F Bathrooms: 100 F

Sanitizer:

3 Compartment sink (QA): 200 ppm

Food:

Meat Sauce: 154 F Steamed Brocolli: 135 F Mexican Pizza: 135 F Steamed Brocolli: 135 F

Milk: 41 F

Employee Food Safety Training/Employee Health policy training conducted on 08/16/2023

Email Address(es): latoya.peterson@browardschools.com

Inspection Conducted By: Alberto Torres Rosal (006935) Inspector Contact Number: Work: (954) 412-7281 ex.

Print Client Name: Latoya Peterson

Date: 8/22/2023

**Inspector Signature:** 

Form Number: DH 4023 03/18

**Client Signature:** 

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