

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00629
 Name of Facility: Plantation Middle School
 Address: 6600 W Sunrise Boulevard
 City, Zip: Plantation 33313

Type: School (more than 9 months)
 Owner: Broward County School Board - Food & Nutrition Services
 Person In Charge: Broward County School Board - Food & Nutrition Services Phone: (754) 321-0215
 PIC Email: SISI.CAMPOS@BROWARDSCHOOLS.COM

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 2	Begin Time: 10:32 AM
Inspection Date: 8/31/2020	Number of Repeat Violations (1-57 R): 0	End Time: 11:14 AM
Correct By: Next Inspection	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

- | | |
|---|---|
| <p>SUPERVISION</p> <p><u>IN</u> 1. Demonstration of Knowledge/Training</p> <p><u>NA</u> 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p><u>IN</u> 3. Knowledge, responsibilities and reporting</p> <p><u>IN</u> 4. Proper use of restriction and exclusion</p> <p><u>IN</u> 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p><u>IN</u> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><u>IN</u> 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p><u>IN</u> 8. Hands clean & properly washed</p> <p><u>IN</u> 9. No bare hand contact with RTE food</p> <p><u>IN</u> 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p><u>IN</u> 11. Food obtained from approved source</p> <p><u>NO</u> 12. Food received at proper temperature</p> <p><u>OUT</u> 13. Food in good condition, safe, & unadulterated (COS)</p> <p><u>NA</u> 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p><u>IN</u> 15. Food separated & protected; Single-use gloves</p> | <p><u>IN</u> 16. Food-contact surfaces; cleaned & sanitized</p> <p><u>NO</u> 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p><u>NO</u> 18. Cooking time & temperatures</p> <p><u>IN</u> 19. Reheating procedures for hot holding</p> <p><u>NO</u> 20. Cooling time and temperature</p> <p><u>NO</u> 21. Hot holding temperatures</p> <p><u>IN</u> 22. Cold holding temperatures</p> <p><u>OUT</u> 23. Date marking and disposition (COS)</p> <p><u>NA</u> 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p><u>NA</u> 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p><u>NA</u> 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p><u>NA</u> 27. Food additives: approved & properly used</p> <p><u>IN</u> 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p><u>NA</u> 29. Variance/specialized process/HACCP</p> |
|---|---|

Inspector Signature:

Client Signature:

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



Good Retail Practices

SAFE FOOD AND WATER	
NA 30. Pasteurized eggs used where required	NO 46. Slash resistant/cloth gloves used properly
IN 31. Water & ice from approved source	UTENSILS, EQUIPMENT AND VENDING
NA 32. Variance obtained for special processing	OUT 47. Food & non-food contact surfaces (COS)
FOOD TEMPERATURE CONTROL	IN 48. Ware washing: installed, maintained, & used; test strips
IN 33. Proper cooling methods; adequate equipment	IN 49. Non-food contact surfaces clean
NO 34. Plant food properly cooked for hot holding	PHYSICAL FACILITIES
IN 35. Approved thawing methods	IN 50. Hot & cold water available; adequate pressure
IN 36. Thermometers provided & accurate	IN 51. Plumbing installed; proper backflow devices
FOOD IDENTIFICATION	IN 52. Sewage & waste water properly disposed
IN 37. Food properly labeled; original container	IN 53. Toilet facilities: supplied, & cleaned
PREVENTION OF FOOD CONTAMINATION	IN 54. Garbage & refuse disposal
IN 38. Insects, rodents, & animals not present	IN 55. Facilities installed, maintained, & clean
IN 39. No Contamination (preparation, storage, display)	OUT 56. Ventilation & lighting
IN 40. Personal cleanliness	IN 57. Permit; Fees; Application; Plans
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	

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

<p>Violation #13. Food in good condition, safe, & unadulterated canned food(orange) with dents on hermetic seal, food adulterated. corrective action taken by manager CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.</p>
<p>Violation #23. Date marking and disposition Commercially prepared/packaged food (vegetables) not used by manufacturer use by/sell by date. CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are RTE and held refrigerated for more than 24 hours, shall be properly date marked unless otherwise exempted.</p>
<p>Violation #47. Food & non-food contact surfaces ICE MACHINE FRONT DOOR NEEDS TO BE RE-SECURED TO MACHINE. WORK ORDER PUT IN ON MACHINE. CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.</p>
<p>Violation #56. Ventilation & lighting Lighting in dry storage area is missing protective cage over bulbs. CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.</p>

Inspector Signature:

Client Signature:

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



General Comments

Sanitizer:
Quat:200 ppm

Temperatures:
Handsink: 102F
Mopsink: 122F
Restroom: 111F
Prepsink:118F
Milk(walk-in):34F
Walk-in 38F

Email Address(es): SISI.CAMPOS@BROWARDSCHOOLS.COM

Inspection Conducted By: Christian Sapovits (6608)
Inspector Contact Number: Work: (954) 412-7328 ex.
Print Client Name:
Date: 8/31/2020

Inspector Signature:

Handwritten signature of the inspector, appearing to be "CLP".

Client Signature:

Handwritten signature of the client, appearing to be "Sisi".