

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00232  
 Name of Facility: Driftwood Middle School  
 Address: 2751 NW 70 Terrace  
 City, Zip: Hollywood 33024

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: alisha.demps@browardschools.com

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 2	Begin Time: 09:20 AM
Inspection Date: 5/12/2022	Number of Repeat Violations (1-57 R): 0	End Time: 10:09 AM
Correct By: Next Inspection	FacilityGrade: N/A	
<b>Re-Inspection Date: None</b>	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><b>SUPERVISION</b></p> <p><b>IN</b> 1. Demonstration of Knowledge/Training</p> <p><b>NA</b> 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></p> <p><b>IN</b> 3. Knowledge, responsibilities and reporting</p> <p><b>IN</b> 4. Proper use of restriction and exclusion</p> <p><b>IN</b> 5. Responding to vomiting &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p><b>IN</b> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><b>IN</b> 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p><b>IN</b> 8. Hands clean &amp; properly washed</p> <p><b>IN</b> 9. No bare hand contact with RTE food</p> <p><b>IN</b> 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></p> <p><b>IN</b> 11. Food obtained from approved source</p> <p><b>NO</b> 12. Food received at proper temperature</p> <p><b>OUT</b> 13. Food in good condition, safe, &amp; unadulterated (<b>COS</b>)</p> <p><b>NA</b> 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p><b>IN</b> 15. Food separated &amp; protected; Single-use gloves</p> | <p><b>OUT</b> 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p><b>NO</b> 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p><b>IN</b> 18. Cooking time &amp; temperatures</p> <p><b>IN</b> 19. Reheating procedures for hot holding</p> <p><b>IN</b> 20. Cooling time and temperature</p> <p><b>IN</b> 21. Hot holding temperatures</p> <p><b>IN</b> 22. Cold holding temperatures</p> <p><b>IN</b> 23. Date marking and disposition</p> <p><b>NA</b> 24. Time as PHC; procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p><b>NA</b> 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p><b>IN</b> 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p><b>NA</b> 27. Food additives: approved &amp; properly used</p> <p><b>IN</b> 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p><b>NA</b> 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**

<b>SAFE FOOD AND WATER</b>	
<u>NA</u> 30. Pasteurized eggs used where required	<u>NA</u> 46. Slash resistant/cloth gloves used properly
<u>IN</u> 31. Water & ice from approved source	<b>UTENSILS, EQUIPMENT AND VENDING</b>
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
<b>FOOD TEMPERATURE CONTROL</b>	<u>IN</u> 48. Ware washing: installed, maintained, & used; test strips
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>IN</u> 49. Non-food contact surfaces clean
<u>NO</u> 34. Plant food properly cooked for hot holding	<b>PHYSICAL FACILITIES</b>
<u>IN</u> 35. Approved thawing methods	<u>IN</u> 50. Hot & cold water available; adequate pressure
<u>IN</u> 36. Thermometers provided & accurate	<u>IN</u> 51. Plumbing installed; proper backflow devices
<b>FOOD IDENTIFICATION</b>	<u>IN</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
<b>PREVENTION OF FOOD CONTAMINATION</b>	<u>OUT</u> 54. Garbage & refuse disposal
<u>OUT</u> 38. Insects, rodents, & animals not present	<u>IN</u> 55. Facilities installed, maintained, & clean
<u>IN</u> 39. No Contamination (preparation, storage, display)	<u>IN</u> 56. Ventilation & lighting
<u>IN</u> 40. Personal cleanliness	<u>IN</u> 57. Permit; Fees; Application; Plans
<u>IN</u> 41. Wiping cloths: properly used & stored	
<u>NO</u> 42. Washing fruits & vegetables	
<b>PROPER USE OF UTENSILS</b>	
<u>IN</u> 43. In-use utensils: properly stored	
<u>IN</u> 44. Equipment & linens: stored, dried, & handled	
<u>IN</u> 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, &amp; unadulterated Food package in disrepair(frozen berries) in walk-in freezer, food adulterated. corrective action taken-berries discarded by staff.</p> <p>Canned food(corn) with dents on hermetic seal, food adulterated. corrective action taken- food discarded by staff</p> <p>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 #16. Food-contact surfaces; cleaned &amp; sanitized Improper drying, wet nesting of equipment near ice machine. CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.</p>
<p>Violation #38. Insects, rodents, &amp; animals not present Fly strip with accumulation of dead flies (dry storage). 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.</p>
<p>Violation #54. Garbage &amp; refuse disposal Dumpster drain plug missing, waste water draining out of dumpster.</p> <p>CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.</p>

Inspector Signature:

Client Signature:

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



**General Comments**

Result: Satisfactory

Sanitizer:

QAC (3 comp. sink): 200ppm

QAC(bucket) x 2: 200ppm

Temperatures:

Handsink x 2: 110-112F

Prepsink x 2: 107-110F

Restroom:104F

Reach-in fridge x 2: 36-40F

Salad(reach-in fridge 1): 40F

Chicken (reach-in fridge 2): 38F

Walk-in fridge x 2: 34-37F

Walk-in freezer:1F

Tomato(walk-in fridge1): 38F

Milk (walk-in fridge 2): 40F

Ice cream freezer: -10F

Milk (serving line): 40F

Mopsink:110F

Chicken(convection oven):50F(just put in oven 5 min before)

Employee Food Safety Training observed completed March,2022.

Task Lighting: 67FC

1 Thermometer calibrated at: 32F

Email Address(es): alisha.demps@browardschools.com

Inspection Conducted By: Christian Sapovits (6608)

Inspector Contact Number: Work: (954) 412-7328 ex.

Print Client Name:

Date: 5/12/2022

Inspector Signature:

Handwritten signature of Christian Sapovits.

Client Signature:

Handwritten signature of Alisha Demps.

Form Number: DH 4023 03/18

06-48-00232 Driftwood Middle School