

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00549  
Name of Facility: North Fork Elem School  
Address: 101 NW 15 Avenue  
City, Zip: Fort Lauderdale 33311

Type: School (more than 9 months)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Patrica Marcato-Rodriguz Phone: 754-322-7360  
PIC Email: patricia.marcato-rodriguez@browardschools.com

**Inspection Information**

Purpose: Reinspection  
Inspection Date: 5/20/2021  
Correct By: None  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0  
Number of Repeat Violations (1-57 R): 0  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 09:35 AM  
End Time: 10:00 AM

*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**

- NO** 6. Proper eating, tasting, drinking, or tobacco use
- NO** 7. No discharge from eyes, nose, and mouth

**PREVENTING CONTAMINATION BY HANDS**

- NO** 8. Hands clean & properly washed
- NO** 9. 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
- NO** 13. Food in good condition, safe, & unadulterated
- NO** 14. Shellstock tags & parasite destruction

**PROTECTION FROM CONTAMINATION**

- NO** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- NO** 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
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures (**COS**)
- NO** 23. Date marking and disposition
- NO** 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- NA** 25. Advisory for raw/undercooked food

**HIGHLY SUSCEPTIBLE POPULATIONS**

- NA** 26. Pasteurized foods used; No prohibited foods

**ADDITIVES AND TOXIC SUBSTANCES**

- NA** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

**APPROVED PROCEDURES**

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

*Kevin Fitzgerald*

Client Signature:

*Shirley Bellinger*

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**Good Retail Practices**

<p><b>SAFE FOOD AND WATER</b></p> <p><b>NO</b> 30. Pasteurized eggs used where required</p> <p><b>NO</b> 31. Water &amp; ice from approved source</p> <p><b>NA</b> 32. Variance obtained for special processing</p> <p><b>FOOD TEMPERATURE CONTROL</b></p> <p><b>IN</b> 33. Proper cooling methods; adequate equipment</p> <p><b>NO</b> 34. Plant food properly cooked for hot holding</p> <p><b>NO</b> 35. Approved thawing methods</p> <p><b>NO</b> 36. Thermometers provided &amp; accurate</p> <p><b>FOOD IDENTIFICATION</b></p> <p><b>NO</b> 37. Food properly labeled; original container</p> <p><b>PREVENTION OF FOOD CONTAMINATION</b></p> <p><b>NO</b> 38. Insects, rodents, &amp; animals not present</p> <p><b>NO</b> 39. No Contamination (preparation, storage, display)</p> <p><b>NO</b> 40. Personal cleanliness</p> <p><b>NO</b> 41. Wiping cloths: properly used &amp; stored</p> <p><b>NO</b> 42. Washing fruits &amp; vegetables</p> <p><b>PROPER USE OF UTENSILS</b></p> <p><b>NO</b> 43. In-use utensils: properly stored</p> <p><b>NO</b> 44. Equipment &amp; linens: stored, dried, &amp; handled</p> <p><b>NO</b> 45. Single-use/single-service articles: stored &amp; used</p>	<p><b>NO</b> 46. Slash resistant/cloth gloves used properly</p> <p><b>UTENSILS, EQUIPMENT AND VENDING</b></p> <p><b>IN</b> 47. Food &amp; non-food contact surfaces</p> <p><b>NO</b> 48. Ware washing: installed, maintained, &amp; used; test strips</p> <p><b>NO</b> 49. Non-food contact surfaces clean</p> <p><b>PHYSICAL FACILITIES</b></p> <p><b>NO</b> 50. Hot &amp; cold water available; adequate pressure</p> <p><b>NO</b> 51. Plumbing installed; proper backflow devices</p> <p><b>NO</b> 52. Sewage &amp; waste water properly disposed</p> <p><b>NO</b> 53. Toilet facilities: supplied, &amp; cleaned</p> <p><b>NO</b> 54. Garbage &amp; refuse disposal</p> <p><b>NO</b> 55. Facilities installed, maintained, &amp; clean</p> <p><b>NO</b> 56. Ventilation &amp; lighting</p> <p><b>NO</b> 57. Permit; Fees; Application; Plans</p>
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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

**General Comments**

NOV # abated

Equipment:  
Walk in Refrigerator: 41F

Food:  
Mayo (walk in refrigerator): 41F

Email Address(es): patricia.marcato-rodriguez@browardschools.com

Inspector Signature:

Handwritten signature of Kevin Fitzgerald.

Client Signature:

Handwritten signature of Shady Bellinger.

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Inspection Conducted By: Veronica Fitzsimmons (6935)  
Inspector Contact Number: Work: (954) 412-7302 ex.  
Print Client Name:  
Date: 5/20/2021

Inspector Signature:

*Veronica Fitzsimmons*

Client Signature:

*Shelby Bellinger*

Form Number: DH 4023 03/18

06-48-00549 North Fork Elem School