

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00066  
Name of Facility: Bayview Elementary  
Address: 1175 Middle River Drive  
City, Zip: Fort Lauderdale 33304

Type: School (9 months or less)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Ximena Sisco Phone: 754-322-5410  
PIC Email: ximena.sisco@browardschools.com

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/14/2022  
Correct By: Next Inspection  
**Re-Inspection Date: None**

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

Begin Time: 11:43 AM  
End Time: 12:43 PM

*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**

**OUT** 1. Demonstration of Knowledge/Training

**IN** 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**

**IN** 8. Hands clean & properly washed

**NA** 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

**NA** 14. Shellstock tags & parasite destruction

**PROTECTION FROM CONTAMINATION**

**IN** 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**

**NA** 18. Cooking time & temperatures

**NO** 19. Reheating procedures for hot holding

**NO** 20. Cooling time and temperature

**IN** 21. Hot holding temperatures

**IN** 22. Cold holding temperatures

**NO** 23. Date marking and disposition

**NA** 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:

Client Signature:

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**Good Retail Practices**

|   |  |
|---|--|
| <b>SAFE FOOD AND WATER</b>                                      |  |
| <u>NA</u> 30. Pasteurized eggs used where required              | <u>IN</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>OUT</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>OUT</u> 49. Non-food contact surfaces clean                         |
| <u>NO</u> 34. Plant food properly cooked for hot holding        | <b>PHYSICAL FACILITIES</b>   |
| <u>NO</u> 35. Approved thawing methods                          | <u>IN</u> 50. Hot & cold water available; adequate pressure            |
| <u>IN</u> 36. Thermometers provided & accurate                  | <u>OUT</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>IN</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>IN</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**

|  |
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| <p>Violation #1. Demonstration of Knowledge/Training<br/>Observed: Food service employee lack knowledge of food safety practices.</p> <p>CODE REFERENCE: 64E-11.003(3). All individuals working in the food establishment have documentation of being trained on Chapter 64E-11, FAC, which relate to their duties and responsibilities.</p>   |
| <p>Violation #38. Insects, rodents, &amp; animals not present<br/>Observed: Dead roach under the shelf and controlled device in the food storage room . Corrected on site.</p> <p>Observed: Dead flies in a controlled device in the somat garbage area and a live fly in the extraction room. Recommended to obtain extra devices as needed.</p> <p>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 #47. Food &amp; non-food contact surfaces<br/>Observed: Mold-like substance on the reach in cooler gaskets.</p> <p>CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.</p>  |
| <p>Violation #49. Non-food contact surfaces clean<br/>Observed: The wall in disrepair under the extraction room.</p> <p>CODE REFERENCE: 64E-11.003(4). Non-food contact surfaces shall be kept clean and free of an accumulation of dust, dirt, food residue, and other debris.</p>  |
| <p>Violation #51. Plumbing installed; proper backflow devices<br/>Observed: No air gap at all of the pipes except nea the walk in cooler and the cooking pot area.</p> <p>CODE REFERENCE: 64E-11.003(5)(c). Plumbing will be installed and maintained to comply with plumbing requirements, including backflow prevention devices. A mop sink will be provided.</p>  |

**Inspector Signature:**

**Client Signature:**

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**General Comments**

STEAMTABLE: CHICKEN TURN OVER: 180, POTATO ROUNDS: 193F  
HOT HOLDING UNIT: CHICKEN TURN OVER: 167, POTATO ROUNDS: 175F  
MILK COOLER: 37F, MILK: 36F  
REACH IN COOLER: 34F YOGURT: 35F  
WALK IN COOLER: 32F, YOGURT: 39F  
WALK IN FREEZER:  
CHEST FREEZER: -10F

ALL PLUMBING FIXTURES HAVE HOT WATER 100F OR GREATER.  
3 COMPARTMENT SINK: QUAT: 200 PPM

Email Address(es): ximena.sisco@browardschools.com

Inspection Conducted By: Sharon Bures (3262)  
Inspector Contact Number: Work: (954) 412-7303 ex.  
Print Client Name:  
Date: 9/14/2022

Inspector Signature:

Handwritten signature of Sharon Bures.

Client Signature:

Handwritten signature of Ximena Sisco.

Form Number: DH 4023 03/18

06-48-00066 Bayview Elementary