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



Facility Information RESULT: Satisfactory

Permit Number: 06-48-00606

Name of Facility: Pembroke Pines Elem School

Address: 6700 SW 9 Street City, Zip: Pembroke Pines 33023

Type: School (9 months or less)

Owner: Broward County School Board - Food & Nutrition Services Person In Charge: Karen Ayuso Phone: (754) 321-0215

PIC Email: Karen.Ayuso@browardschools.com

## **Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 12:04 PM Inspection Date: 4/24/2025 Number of Repeat Violations (1-57 R): 0 End Time: 12:40 PM

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**

### **SUPERVISION**

- IN 1. Demonstration of Knowledge/Training
- 2. Certified Manager/Person in charge present

  EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- N 4. Proper use of restriction and exclusion
- S. 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
- N 12. Food received at proper temperature
- IN 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
- IN 17. Proper disposal of unsafe food

### TIME/TEMPERATURE CONTROL FOR SAFETY

- IN 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- N 21. Hot holding temperatures
- N 22. Cold holding temperatures
- IN 23. Date marking and disposition
- NA 24. Time as PHČ; procedures & records
  - CONSUMER ADVISORY
- NA 25. Advisory for raw/undercooked food
  - HIGHLY SUSCEPTIBLE POPULATIONS
- 26. Pasteurized foods used; No prohibited foods
   ADDITIVES AND TOXIC SUBSTANCES
- N 27. Food additives: approved & properly used
- N 28. Toxic substances identified, stored, & used
- APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

**Inspector Signature:** 

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Client Signature:

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### **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

IN 34. Plant food properly cooked for hot holding

N 35. Approved thawing methods

**N** 36. Thermometers provided & accurate

### FOOD IDENTIFICATION

N 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

IN 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

NO 46. Slash resistant/cloth gloves used properly

# UTENSILS, EQUIPMENT AND VENDING

OUT 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

N 51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

N 53. Toilet facilities: supplied, & cleaned

| 54. Garbage & refuse disposal | N 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**

Violation #47. Food & non-food contact surfaces

Extensive ice buildup in milk chest. Milk Chest located at beginning of serving line. Repair milk chest to stop ice buildup.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

**Inspector Signature:** 

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## **General Comments**

INSPECTION SATISFACTORY

Employee Food Safety Training/Employee Health policy training completed on 08/07/2024

Food Temps Cold Foods: Milk: 41F Cheese: 40F Ranch: 41F Hot Foods: Bread Roll: 137F

Note: Lunch service had concluded by start of inspection.

Refrigerator Temps

Reach-in refrigerator: 40F, 38F

Reach-in freezer: 8F Walk-in refrigerator: 30F Walk-in freezer: -8F Milk Chest: 34F Ice Cream Chest: -14F

Hot Water Temps

Kitchen handsink: 108F, 109F

3 comp. sink: 136F

Employee bathroom handsink: 101F

Mopsink: 109F

Warewashing Procedure/Sanitizer Used

3 comp. sink chemical sanitizer: Lactic Acid 1000PPM

Sanitizer bucket: Lactic Acid 1500PPM

Sanitizer Test kit provided.

No dogs or non-service animals allowed inside establishment.

Email Address(es): karen.ayuso@browardschools.com

Inspection Conducted By: Dominic Turturro (54361) Inspector Contact Number: Work: (954) 412-7312 ex.

Print Client Name: Date: 4/24/2025

**Inspector Signature:** 

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Client Signature:

KMS

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