

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00340
Name of Facility: Harbordale Elem School
Address: 900 SE 15 Street
City, Zip: Fort Lauderdale 33316

Type: School (9 months or less)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: Patricia Marcato Rodriguez Phone: (754)- 321- 0215
PIC Email: mail@mail.com

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 08:51 AM
Inspection Date: 5/19/2025	Number of Repeat Violations (1-57 R): 0	End Time: 09:46 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: 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
- 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

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

PREVENTING CONTAMINATION BY HANDS

- IN 8. Hands clean & properly washed
- IN 9. No bare hand contact with RTE food
- IN 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN 11. Food obtained from approved source
- IN 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

- NO 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- NO 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- IN 23. Date marking and disposition

- NA 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN 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:

Form Number: DH 4023 03/18

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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
- NO** 34. Plant food properly cooked for hot holding
- IN** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 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
- NO** 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

- 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
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal (**COS**)
- IN** 55. Facilities installed, maintained, & clean
- IN** 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 ice cream chest. Repair refrigerator to stop ice buildup.
CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Inspector Signature:

Client Signature:

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General Comments

Certified Food Manager is Patricia Marcato Rodriguez. Certification expires on 12/18/2026
Employee Food Safety Training/Employee Health policy training completed on 04/04/25
Food Temps
Cold Foods: milk 38F, sour cream 41F, yogurt 36F, cheese stick 41F
Hot Foods: rice 170F, beans 166F, beef 181F
Refrigerator Temps
Reach-in refrigerator: 38F
Milk chest: 32F
Ice cream chest: -10F
Walk-in refrigerator: 20F
Walk-in freezer: 0F
Hot Water Temps
Kitchen handsink: 134F, 122F
3 comp. sink: 100F
Employee bathroom handsink: 101F
Mopsink: 101F

Probe Food Thermometer
Thermometer calibrated at 32F.

Warewashing Procedure/Sanitizer Used
3 comp. sink chemical sanitizer: 400 QAC
Sanitizer Test kit provided.

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

Inspection Conducted By: Cameron Giraud (6935)
Inspector Contact Number: Work: (954) 412-7316 ex.
Print Client Name:
Date: 5/19/2025

Inspector Signature:

Client Signature: