

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00487 Name of Facility: McNicol Middle School Address: 1602 S 27 Avenue City, Zip: Hollywood 33020  Type: School (more than 9 months) Owner: Broward County School Board - Food & Nutrition Services Person In Charge: Naomi McCutcheon Phone: 754-323-3410 PIC Email: Naomi.McCutcheon@browardschool.com
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**Inspection Information**

Purpose: Reinspection Inspection Date: 9/16/2020 Correct By: None <b>Re-Inspection Date: None</b>	Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0 FacilityGrade: N/A StopSale: No	Begin Time: 09:55 AM End Time: 10:10 AM
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*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><u>IN</u> 1. Demonstration of Knowledge/Training</p> <p><u>NA</u> 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></p> <p><u>IN</u> 3. Knowledge, responsibilities and reporting</p> <p><u>IN</u> 4. Proper use of restriction and exclusion</p> <p><u>IN</u> 5. Responding to vomiting &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p><u>NO</u> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><u>IN</u> 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p><u>IN</u> 8. Hands clean &amp; properly washed</p> <p><u>NO</u> 9. No bare hand contact with RTE food</p> <p><u>IN</u> 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></p> <p><u>IN</u> 11. Food obtained from approved source</p> <p><u>NO</u> 12. Food received at proper temperature</p> <p><u>IN</u> 13. Food in good condition, safe, &amp; unadulterated</p> <p><u>NA</u> 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p><u>IN</u> 15. Food separated &amp; protected; Single-use gloves</p>	<p><u>IN</u> 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p><u>NO</u> 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p><u>NO</u> 18. Cooking time &amp; temperatures</p> <p><u>NO</u> 19. Reheating procedures for hot holding</p> <p><u>NO</u> 20. Cooling time and temperature</p> <p><u>NO</u> 21. Hot holding temperatures</p> <p><u>IN</u> 22. Cold holding temperatures</p> <p><u>IN</u> 23. Date marking and disposition</p> <p><u>NA</u> 24. Time as PHC; procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p><u>NA</u> 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p><u>NA</u> 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p><u>NA</u> 27. Food additives: approved &amp; properly used</p> <p><u>IN</u> 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p><u>NA</u> 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature:

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**Good Retail Practices**

<p><b>SAFE FOOD AND WATER</b>  <u>NA</u> 30. Pasteurized eggs used where required  <u>IN</u> 31. Water &amp; ice from approved source  <u>NA</u> 32. Variance obtained for special processing  <b>FOOD TEMPERATURE CONTROL</b>  <u>IN</u> 33. Proper cooling methods; adequate equipment  <u>NO</u> 34. Plant food properly cooked for hot holding  <u>NO</u> 35. Approved thawing methods  <u>IN</u> 36. Thermometers provided &amp; accurate  <b>FOOD IDENTIFICATION</b>  <u>IN</u> 37. Food properly labeled; original container  <b>PREVENTION OF FOOD CONTAMINATION</b>  <u>IN</u> 38. Insects, rodents, &amp; animals not present  <u>IN</u> 39. No Contamination (preparation, storage, display)  <u>IN</u> 40. Personal cleanliness  <u>IN</u> 41. Wiping cloths: properly used &amp; stored  <u>NO</u> 42. Washing fruits &amp; vegetables  <b>PROPER USE OF UTENSILS</b>  <u>IN</u> 43. In-use utensils: properly stored  <u>IN</u> 44. Equipment &amp; linens: stored, dried, &amp; handled  <u>IN</u> 45. Single-use/single-service articles: stored &amp; used</p>	<p><u>NA</u> 46. Slash resistant/cloth gloves used properly  <b>UTENSILS, EQUIPMENT AND VENDING</b>  <u>IN</u> 47. Food &amp; non-food contact surfaces  <u>IN</u> 48. Ware washing: installed, maintained, &amp; used; test strips  <u>IN</u> 49. Non-food contact surfaces clean  <b>PHYSICAL FACILITIES</b>  <u>IN</u> 50. Hot &amp; cold water available; adequate pressure  <u>IN</u> 51. Plumbing installed; proper backflow devices  <u>IN</u> 52. Sewage &amp; waste water properly disposed  <u>IN</u> 53. Toilet facilities: supplied, &amp; cleaned  <u>IN</u> 54. Garbage &amp; refuse disposal  <u>IN</u> 55. Facilities installed, maintained, &amp; clean  <u>IN</u> 56. Ventilation &amp; lighting  <u>IN</u> 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 issued abated  
 \$50.00 reinspection fee for first reinspection, \$75.00 thereafter.

hand wash sink: 120 f  
 bathroom sink: 105 f  
 3 compartment sink: 108 f

Email Address(es): Naomi.McCutcheon@browardschools.com

Inspection Conducted By: Christina Edghill (86051)  
 Inspector Contact Number: Work: (954) 412-7308 ex.  
 Print Client Name:  
 Date: 9/16/2020

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

06-48-00487 McNicol Middle School