

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00709
 Name of Facility: Silver Trail Middle School
 Address: 18300 Sheridan Street
 City, Zip: Pembroke Pines 33331

Type: School (9 months or less)
 Owner: Broward County School Board - Food & Nutrition Services
 Person In Charge: Lori Salles Phone: 754-323-4310
 PIC Email: lori.salles@browardschools.com

Inspection Information

Purpose: Reinspection	Number of Risk Factors (Items 1-29): 0	Begin Time: 02:05 PM
Inspection Date: 2/7/2024	Number of Repeat Violations (1-57 R): 0	End Time: 02:25 PM
Correct By: None	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

<p>SUPERVISION</p> <p><input checked="" type="checkbox"/> 1. Demonstration of Knowledge/Training</p> <p><input checked="" type="checkbox"/> 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p><input checked="" type="checkbox"/> 3. Knowledge, responsibilities and reporting</p> <p><input checked="" type="checkbox"/> 4. Proper use of restriction and exclusion</p> <p><input checked="" type="checkbox"/> 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p><input checked="" type="checkbox"/> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><input checked="" type="checkbox"/> 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p><input checked="" type="checkbox"/> 8. Hands clean & properly washed</p> <p><input checked="" type="checkbox"/> 9. No bare hand contact with RTE food</p> <p><input checked="" type="checkbox"/> 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p><input checked="" type="checkbox"/> 11. Food obtained from approved source</p> <p><input checked="" type="checkbox"/> 12. Food received at proper temperature</p> <p><input checked="" type="checkbox"/> 13. Food in good condition, safe, & unadulterated</p> <p><input checked="" type="checkbox"/> 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p><input checked="" type="checkbox"/> 15. Food separated & protected; Single-use gloves</p>	<p><input checked="" type="checkbox"/> 16. Food-contact surfaces; cleaned & sanitized</p> <p><input checked="" type="checkbox"/> 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p><input checked="" type="checkbox"/> 18. Cooking time & temperatures</p> <p><input checked="" type="checkbox"/> 19. Reheating procedures for hot holding</p> <p><input checked="" type="checkbox"/> 20. Cooling time and temperature</p> <p><input checked="" type="checkbox"/> 21. Hot holding temperatures</p> <p><input checked="" type="checkbox"/> 22. Cold holding temperatures</p> <p><input checked="" type="checkbox"/> 23. Date marking and disposition</p> <p><input checked="" type="checkbox"/> 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p><input checked="" type="checkbox"/> 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p><input checked="" type="checkbox"/> 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p><input checked="" type="checkbox"/> 27. Food additives: approved & properly used</p> <p><input checked="" type="checkbox"/> 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p><input checked="" type="checkbox"/> 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature:

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Good Retail Practices

SAFE FOOD AND WATER

- NA 30. Pasteurized eggs used where required
- NA 31. Water & ice from approved source
- NA 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- IN 33. Proper cooling methods; adequate equipment
- NA 34. Plant food properly cooked for hot holding
- NA 35. Approved thawing methods
- NA 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- NA 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- NA 38. Insects, rodents, & animals not present
- IN 39. No Contamination (preparation, storage, display)
- NA 40. Personal cleanliness
- NA 41. Wiping cloths: properly used & stored
- NA 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- NA 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
- NA 45. Single-use/single-service articles: stored & used

- NA 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- NA 47. Food & non-food contact surfaces
- NA 48. Ware washing: installed, maintained, & used; test strips
- NA 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- NA 50. Hot & cold water available; adequate pressure
- NA 51. Plumbing installed; proper backflow devices
- NA 52. Sewage & waste water properly disposed
- NA 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- NA 55. Facilities installed, maintained, & clean
- NA 56. Ventilation & lighting
- NA 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

No Violation Comments Available

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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General Comments

SATISFACTORY INSPECTION.

NOV: 68283 - ABATED

THERE IS A \$50 FEE FOR THE FIRST RE-INSPECTION AND A \$75 FEE FOR EACH RE-INSPECTION THEREAFTER AS REQUIRED.

LATE NOTE: UNABLE TO CONDUCT RE-INSPECTION ON 11/27/2023 DUE TO INSPECTOR CONDUCTING PRIORITY INSPECTIONS.

PREVIOUS VIOLATION#S: 33, 39, 44 & 54 WERE CORRECTED.

REFRIGERATOR TEMPS

MILK COOLER: 40F

CERTIFIED FOOD MANAGER/EMPLOYEE TRAINING

EMPLOYEE FOOD SAFETY TRAINING/EMPLOYEE HEALTH POLICY TRAINING COMPLETED ON 8/17/2023

PEST CONTROL

FACILITY MUST IMPLEMENT AN INTEGRATED PEST MANAGEMENT PLAN.

PEST CONTROL SERVICE PROVIDED BY BEACH ENVIRONMENTAL.

NON-SERVICE ANIMALS

NO DOGS OR NON-SERVICE ANIMALS ALLOWED INSIDE ESTABLISHMENT.

Email Address(es): lori.salles@browardschools.com

Inspection Conducted By: Amythest Rawls (54900)
Inspector Contact Number: Work: (954) 412-7319 ex.
Print Client Name:
Date: 2/7/2024

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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