

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00536
Name of Facility: New River Middle School
Address: 3100 Riverland Road
City, Zip: Fort Lauderdale 33312

Type: School (more than 9 months)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: L. Harris Phone: (754) 321-0215
PIC Email: Veraellen.Portello@browardschools.com

Inspection Information

Purpose: Complaint
Inspection Date: 11/1/2023
Correct By: Next Inspection
Re-Inspection Date: None

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

Begin Time: 09:40 AM
End Time: 11:15 AM

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
- NA 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

- NO 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- IN 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

- 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:

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



Good Retail Practices

SAFE FOOD AND WATER

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

FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment
- NO** 34. Plant food properly cooked for hot holding
- OUT** 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
- 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

- IN** 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
- OUT** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- OUT** 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 #35. Approved thawing methods

Previously frozen TCS food (Mixed vegetables) thawing on countertop. Use approved thawing methods. Corrective action taken. Mixed vegetables moved to oven.

CODE REFERENCE: 64E-11.003(2). Thawing of PHF/TCS foods shall be done in accordance with Rule requirements.

Violation #54. Garbage & refuse disposal

Garbage dumpster not kept covered with tight fitted lids. Maintain garbage dumpster closed, provide tight fitted lids.

Garbage not bagged before placing in dumpster. Bag garbage before placing in dumpster.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

Violation #56. Ventilation & lighting

Ceiling ventilation/ walk-in fridge exhaust air ducts are dirty. Clean ventilation air ducts.

CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.

General Comments

Complaint #06-99-411878

Complaint # 06-99-411878 regarding 6 students reported becoming ill and vomiting on 10/31/23 from food at cafeteria. 4 Students ate macaroni and cheese, one student ate spaghetti, and one student ate baked chicken. Upon arrival, inspector informed L. Harrison (Assistant Principal), of reason for investigation. Interview conducted with food workers and person in charge (PIC), regarding food preparation storage, food storage, sick leave policy, employee health training and reporting procedures, routine inspections conducted, food temperatures taken, and equipment checked.

Sanitizer:

QAC(3 comp sink): 400ppm

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

06-48-00536 New River Middle School

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



QAC(bucket): 400ppm

Sink Temperatures:

Handsink x 2: 100-110F

Prepsink x 2: 105-110F

Restroom:100F

Mopsink:110F

Cold Holding

Reach-in fridge x 2: 38-41F

Reach-in freezer x 2: 0-1F

Yogurt(reach-in fridge 1): 35F

Milk(reach-in fridge 2): 40F

Walk-in fridge: 35F

Walk-in freezer:-10F

Ice cream freezer: 0F

Chicken(walk-in fridge):34F

Milk (serving line) x 2: 36-42F

Hot Holding

Convection oven: 220F

Chicken (hot holding unit/serving line): 135F

Chicken(hot holding unit):140F

Cooling for 45 min: Chicken nuggets: 65 F

Cooling for 20 min: Beans: 1F

Employee Food Safety Training observed completed on 8/15/23

1 Thermometer calibrated at: 32F

Note: Pest Records provided by Beach Environmental

No dogs or non-service animals allowed inside establishment.

Date of suspected meal was served on 10/31/23.

Suspected foods include Mac and cheese, baked chicken, spaghetti.

All suspected food items come pre cooked upon delivery.

No other similar complaints were received by staff at time of investigation.

One employee was sick for one day during the week of 10/31/23. Symptoms were not related to foodborne illness. No other employees were ill in the two weeks prior to the suspected event.

Facility does routinely track and document temperatures, and they have a HACCP program.

Facility does have a bare-hand contact with ready to eat (RTE) food policy.

Facility does have a glove-hand contact with ready to eat (RTE) food policy.

Adequate hand washing was observed.

No food employees were observed with visible cuts, burns, or infected sores.

Food and water are both from approved sources.

Observed adequate protection and storage of suspected foods.

Observed sufficient cold holding temperatures of suspected foods.

No prolonged cold storage (more than 7 days) of suspected foods observed.

Observed improper thawing of suspected foods. Improper thawing did not consist of suspected food items. The only suspected food item observed at time of investigation was chicken, which was being hot and cold held properly. Frozen beans were observed thawing on the counter for an extended period of time.

Observed sufficient reheating time/temperatures of chicken, and no other suspected foods.

Observed sufficient hot holding time/temperatures of chicken, and no other suspected foods.

No major equipment malfunctions or facility operations failure observed.

Observed calibrated food thermometer.

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

06-48-00536 New River Middle School

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



No cross-contamination of RTE foods with raw ingredients observed.
No cross-contamination of ingredients between workers ,equipment, utensils,and cloths were observed.
No improper cleaning and sanitation of equipment, utensils, and food contact surfaces observed.
No container that held suspected foods is stored with toxic substances nearby.

Email Address(es): Veraellen.Portello@browardschools.com;

Inspection Conducted By: Christian Sapovits (30689)
Inspector Contact Number: Work: (954) 412-7328 ex.
Print Client Name:
Date: 11/1/2023

Inspector Signature:

A handwritten signature in black ink, appearing to be "C. Sapovits".

Client Signature:

A handwritten signature in black ink, appearing to be "V. Portello".

Form Number: DH 4023 03/18

06-48-00536 New River Middle School