

FOOD SERVICE

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

Approval: _____

26.076821/-80.231858



PURPOSE:
 ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 OTHER

TYPE:
 HOSPITAL CIVIC CHILD
 NURSING MOVIE LIMITED
 DETENTION SCHOOL OTHER
 LOUNGE RESIDENTIAL

RESULTS:

Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS

Correct Violations by
 Next Inspection
 8:00 AM on

NAME Nova Blanche Forman Elementary

ADDRESS 3521 SW Davie Road **CITY** Davie

OWNER Broward County School Board **ZIP** 33314

PERSON IN CHARGE Knut Hillestad **PHONE** 7543236610

EMAIL knut.hillestad@browardschools.com

| BEGIN TIME | END TIME | DATE ASSESSED | POSITION # | EXISTING FACILITIES - PERMIT NUMBER |
|------------|----------|---------------|------------|-------------------------------------|
| 11:23 | 11:49 | 10/15/2010 | 27116 | 06-48-00558 |

| RE-INSPECTION DATE |
|--------------------|
| |

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

| | | | |
|--|--|---|--|
| <p>FOOD SUPPLIES</p> <p><input type="checkbox"/> 1. Sources etc.</p> <p>FOOD PROTECTION</p> <p><input checked="" type="checkbox"/> 2. Stored temperature</p> <p><input type="checkbox"/> 3. No further cooking/rapid cooling</p> <p><input type="checkbox"/> 4. Thawing</p> <p><input type="checkbox"/> 5. Raw fruits</p> <p><input type="checkbox"/> 6. Pork cooking</p> <p><input type="checkbox"/> 7. Poultry cooking</p> <p><input type="checkbox"/> 8. Other animal cooking</p> <p><input type="checkbox"/> 9. Least contact/reheating</p> <p><input type="checkbox"/> 10. Food container</p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 12. Self-service condiments</p> <p><input type="checkbox"/> 13. Reservice of food</p> | <p><input type="checkbox"/> 14. Sneeze guards</p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/toxic materials</p> <p>PERSONNEL</p> <p><input type="checkbox"/> 17. Exclusion of personnel</p> <p><input type="checkbox"/> 18. Cleanliness</p> <p><input type="checkbox"/> 19. Tobacco use</p> <p><input type="checkbox"/> 20. Handwashing</p> <p><input type="checkbox"/> 21. Handling of dishware</p> <p>EQUIPMENT/UTENSILS</p> <p><input type="checkbox"/> 22. Refrigeration facilities/Therm.</p> <p><input type="checkbox"/> 23. Sinks</p> <p><input type="checkbox"/> 24. Ice storage/counter-protector</p> <p><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip.</p> <p><input type="checkbox"/> 26. Dishwashing facilities</p> | <p><input type="checkbox"/> 27. Design and fabrication</p> <p><input type="checkbox"/> 28. Installation and location</p> <p><input type="checkbox"/> 29. Cleanliness of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p><input type="checkbox"/> 31. Water supply</p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage</p> <p><input type="checkbox"/> 34. Plumbing</p> <p><input type="checkbox"/> 35. Toilet facilities</p> <p><input type="checkbox"/> 36. Handwashing facilities</p> <p><input type="checkbox"/> 37. Garbage disposal</p> <p><input type="checkbox"/> 38. Vermin control</p> | <p>OTHER FACILITIES AND OPERATIONS</p> <p><input checked="" type="checkbox"/> 39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS</p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p>VENDING MACHINES</p> <p><input type="checkbox"/> 41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p><input type="checkbox"/> 42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p> |
|--|--|---|--|

COMMENTS AND INSTRUCTIONS

Pizza 143F, Meat loaf 142F, Ribs 140F, Potatoes 139F
 Warner 175F, Pizza 172F.
Violation Observed:2 Milk was 47F. Ice was pour over to lower temp.
Code Reference FAC: Storage Temperature. **64E-11.004(1)(2)**. Food is stored at proper temperatures (<=41°F or >=140°F).
 Mik box 40F.
Violation Observed:39 Lightbulbs not working over prep, in hoods.
Code Reference FAC: Other Facilities. **64E-11.08**. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarters shall open to the facility. No live animals. Exterior area shall be kept clean.
 Sanitizer 300ppm. **Violation** Observed:39 Weather strip missing at room 117C.
Code Reference FAC: Other Facilities. **64E-11.08**. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarters shall open to the facility. No live animals. Exterior area shall be kept clean.

Continued On Page 2

INSPECTION CONDUCTED BY: Luisa Oramas

INSPECTION COND SIGNATURE: *Luisa Oramas*

COPY OF REPORT RECEIVED BY: _____

PHONE: 954-831-0407

PHONE: _____

DATE: 10/15/2010

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Food Establishment



Name: Nova Blanche Forman Elementary

Date: 10/15/2010

Identification No: 06-48-00558

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By: *[Signature]*

Inspector Luisa Oramas

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