

FOOD SERVICE

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

Approval: _____



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

NAME Attucks Middle School

ADDRESS 3500 N 22 Avenue **CITY** Hollywood

PHONE (754) 323-3000 **ZIP** 33020

PERSON IN CHARGE Shaw-Principal, Mrs

EMAIL kay.erhardt@browardschools.com

RESULTS:

Satisfactory

Incomplete

Unsatisfactory

OUT OF BUSINESS

Correct Violations by

Next Inspection

8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
10:20	1100	01/22/2010	2101	06-48-00055

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 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 checked="" 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>
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COMMENTS AND INSTRUCTIONS

\$50 re-inspection fee. Invoice 34712
 Hot water available in all sinks.
 Hand sinks 120°F; bathroom 125°F; 3-comp sink 130°F
 Exterminator present at time of inspection. Exterminator report: 6cc maxforce roach bait gel; 11 maxforce bait stations; 7 monitor stations; somat door to outside weather seal is going to be replaced (see copy of exterminator report).
Violation Observed: Light out in food prep area. **Code Reference [FAC]:** 39. 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.
*****Violation** Observed: Walk-in freezer door damaged on bottom (cold escaping). If problem not fixed by next routing inspection, it will lead to an unsatisfactory inspection result. **Code Reference [FAC]:** 22. Refrigerators. **64E-11.006(1),(1)(a).** There will be sufficient, working refrigerators. Each refrigerator will have a working thermometer.

INSPECTION CONDUCTED BY: Ana Caputo

INSPECTION COND SIGNATURE:

COPY OF REPORT RECEIVED BY:

PHONE: 954-831-0404

PHONE: _____

DATE: 01/22/2010

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



Name: Attucks Middle School

Date: 01/22/2010

Identification No: 06-48-00055

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Ana Caputo

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