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



RESULT: Satisfactory Facility Information

Permit Number: 06-48-00585

Name of Facility: Palm Cove Elementary Address: 11601 Washington Street City, Zip: Pembroke Pines 33025

Type: School (9 months or less)

Owner: Broward County School Board - Food & Nutrition Services Person In Charge: Detra Moble Phone: 754-323-6810

PIC Email: detra.moble@browardschools.com

Inspection Information

Begin Time: 12:08 PM Purpose: Routine Number of Risk Factors (Items 1-29): 2 Inspection Date: 3/31/2021 End Time: 01:01 PM Number of Repeat Violations (1-57 R): 1

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: 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

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**

NO 6. Proper eating, tasting, drinking, or tobacco use

7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS

IN 8. Hands clean & properly washed No bare hand contact with RTE food

IN 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

IN 11. Food obtained from approved source

NO 12. Food received at proper temperature

OUT 13. Food in good condition, safe, & unadulterated (R)

NA 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION

IN 15. Food separated & protected; Single-use gloves

OUT 16. Food-contact surfaces; cleaned & sanitized (COS)

NO 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

18. Cooking time & temperatures

NO 19. Reheating procedures for hot holding

NO 20. Cooling time and temperature

NO 21. Hot holding temperatures

N 22. Cold holding temperatures

IN 23. Date marking and disposition

NA 24. Time as PHC; procedures & records

CONSUMER ADVISORY

25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

NA 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

NA 27. Food additives: approved & properly used

28. Toxic substances identified, stored, & used APPROVED PROCEDURES

NA 29. Variance/specialized process/HACCP

Inspector Signature:

Vewain Fitzimmer

Client Signature:

Paula Kepple

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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

IN 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

IN 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

NO 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

NA 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

N 53. Toilet facilities: supplied, & cleaned

N 54. Garbage & refuse disposal

IN 55. Facilities installed, maintained, & clean

N 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 #13. Food in good condition, safe, & unadulterated

Canned food (black beans) with dents on hermetic seal, food adulterated.

CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.

Violation #16. Food-contact surfaces; cleaned & sanitized

Improper drying, wet nesting of equipment (pans) after sanitization. Corrected onsite - equipment brought to 3-compartment sink to be washed, rinsed, sanitized and air dryed.

CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.

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General Comments

Equipment:

Reach in refrigerator: 31F Milk chest cooler: 32F Chest freezer: -8F Walk in refrigerator: 32F Walk in freezer: -1F

Hot Water:

Handwashing sink: 112F

Prep sink: 139F

3 Compartment sink: 140F

Mop sink: 122F Bathrooms: 113F

Food: Milk: 39F

Sanitizer:

QAC (3-compartment): 200 ppm.

Employee Food Safety Training/Employee Health policy training observed dated 8/21/2020. The facility must complete the next annual Employee Food and Safety Training by the end of March 31,2021 to remain in compliance.

Email Address(es): detra.moble@browardschools.com

Inspection Conducted By: Veronica Fitzsimmons (6935) Inspector Contact Number: Work: (954) 412-7302 ex.

Print Client Name: Date: 3/31/2021

Inspector Signature:

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Client Signature:

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