

Food Establishment Inspection Report

	Facility Type:	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp
	<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice		<input checked="" type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat
					<input type="checkbox"/> Transitional Living Fac

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other

Name of Establishment: <u>Stanley Smith School</u>					RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: <input checked="" type="checkbox"/> Next Routine Inspection 8 A.M. on _____ (Date)		Stop Sale Issued _____
Address: <u>3400 W 14th Ave</u>		City: <u>Plantation</u>						
ZIP Code: <u>33050</u>	Name of Person in Charge: <u>Victoria Gardell</u>							
Telephone: <u>257 2490</u>	Person in Charge Email: <u>Victoria.Gardell@k12.fl.us</u>							
Date (MM/DD/YY): <u>3-25-19</u>	Begin Time AM/PM: <u>10:25</u>	End Time AM/PM: <u>10:25</u>	Permit Number: <u>00221</u>	Position Number: <u>81052</u>			Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29): <u>0</u>	Number of Repeat Violations (1-57 R): <u>1</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status: Mark an "X" under the compliance status, 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.
Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection

Compliance Status		Compliance Status	
IN	OUT	IN	OUT
Supervision			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Demonstration of Knowledge/Training		15 Food separated & protected, single-use gloves	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Certified Manager/Person in Charge present		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employee Health			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Knowledge, responsibilities and reporting		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Responding to vomiting & diarrheal events		Time/Temperature Control for Safety	
Good Hygienic Practices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco use		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Hands clean & properly washed		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Handwashing sinks, accessible & supplies		Consumer Advisory	
Approved Source			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source		Highly Susceptible Populations	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature		Additives and Toxic Substances	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe & unadulterated		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Shellstock tags & parasite destruction		Approved Procedures	

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.

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN		OUT		N/A		N/O		COS		R	
Safe Food and Water											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required		31 Water & ice from approved source		32 Variance obtained for special processing		Food Temperature Control					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33 Proper cooking methods, adequate equipment		34 Plant food properly cooked for hot holding		35 Approved thawing methods		36 Thermometers provided & accurate		Food Identification			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37 Food properly labeled: original container		Prevention of Food Contamination									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38 Insects, rodents, & animals not present		39 No Contamination (preparation, storage, display)		40 Personal cleanliness		41 Wiping cloths, properly used & stored		Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits & vegetables		43 Utensils: properly stored		44 Equipment & linens: stored, dried, & handled		45 Single-use/single-service articles: stored & used		46 Splash-resistant/cloth gloves used properly		Utensils, Equipment and Vending	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47 Food & non-food contact surfaces		48 Warewashing: installed, maintained, used test strips		49 Non-food contact surfaces clean		Physical Facilities					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50 Hot & cold water available; under pressure		51 Plumbing installed: proper backflow devices		52 Sewage & waste water properly disposed		53 Toilet facilities: supplied & cleaned		54 Garbage & refuse disposal		Physical Facilities	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55 Facilities installed, maintained, & clean		56 Ventilation & lighting		57 Permit; Fees; Application; Plans		Physical Facilities					

Person in Charge (Print & Signature): <u>Mileydi McKenzie Mileydi McKenzie</u>	Date: <u>3/28/2019</u>
Inspector (Print & Signature): <u>Fritina Garcia</u>	Phone: <u>676-3943</u>

Food Establishment Inspection Report

Name of Establishment:

Stanley Swift School

Permit Number:

44-48-00221

Date:

3-25-19

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Milk in Freezer	0°F	Reach in fridge	36°F		
Walk in Fridge	37°F	Reach in fridge	35°F		
Reach in Freezer	5°F	Reach in cabinet	156°F		
Heating cabinet (beef + noodles)	173°F	(veg + meat)			

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

55. Air vents must be cleaned, check if new filter is needed.

Food held at proper temperature. Milk not expired and held at proper temp. Food held in heating cabinets, not on line at time of inspection.

Person in Charge (Signature)

Miloye M. ...

Date

3/25/19

Inspector (Signature)

[Signature]

Date

3-28-19

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