STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

PURPOSE:

- [ ] ROUTINE
- [ ] REINSPECTION
- [ ] CONSTRUCT.
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] OTHER
- [ ] OTHER _____

NAME OF ESTABLISHMENT: Nova Eisenhower Elementary
ADDRESS: 6501 SW 39 st CITY: Davie
OWNER: BCSB ZIP: 33314
PERSON IN CHARGE: Judith Yazell PHONE: 754-323-6660

BEGIN	END
1035	1105

DATE			
04	08	10	
0	0	0	05
1	1	1	06
2	2	2	07
3	3	3	08
4		4	09
5		5	10
6		6	11
7		7	12
8		8	13
9		9	14

POSITION #				
2	7	0	7	2
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

CERTIFICATE NUMBER										
06	-	4	8	-	0	0	2	0	3	
0	0		0	0	0	0	0	0	0	
1	1		1	1	1	1	1	1	1	
2	2		2	2	2	2	2	2	2	
3	3		3	3	3	3	3	3	3	
4	4		4		4	4	4	4	4	
5	5		5	5	5	5	5	5	5	
6	6		6	6	6	6	6	6	6	
7	7		7	7	7	7	7	7	7	
8	8		8		8	8	8	8	8	
9	9		9	9	9	9	9	9	9	

TYPE

- [ ] Hospital
- [ ] Nursing
- [ ] Detention
- [ ] Lounge
- [ ] Civic
- [ ] Movie
- [x] School
- [ ] Residen.
- [ ] Child
- [ ] Limited
- [ ] Other

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

DATE			
0	0	0	05
1	1	1	06
2	2	2	07
3	3	3	08
4		4	09
5		5	10
6		6	11
7		7	12
8		8	13
9		9	14

- [ ] OUT OF BUSINESS

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.

FOOD SUPPLIES
- [ ] 1. Sources, etc.

FOOD PROTECTION
- [ ] 2. Stored temperature
- [ ] 3. No further cooking/Rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw fruits
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact/Reheating
- [x] 10. Food container
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Sneeze guards
- [ ] 15. Transportation of food
- [ ] 16. Poisonous/Toxic materials

PERSONNEL
- [ ] 17. Exclusion of personnel
- [ ] 18. Cleanliness
- [ ] 19. Tobacco use
- [ ] 20. Handwashing
- [ ] 21. Handling of dishware

EQUIPMENT/UTENSILS
- [ ] 22. Refrigeration facilities/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sufficient equipment
- [ ] 26. Dishwashing facilities
- [ ] 27. Design and fabrication
- [ ] 28. Installation and location
- [ ] 29. Cleanliness of equipment
- [ ] 30. Methods of washing

SANITARY FACILITIES AND CONTROLS
- [ ] 31. Water supply
- [ ] 32. Ice
- [ ] 33. Sewage
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities
- [ ] 36. Handwashing facilities
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control

OTHER FACILITIES AND OPERATIONS
- [ ] 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS
- [ ] 40. Temporary food service events

VENDING MACHINES
- [ ] 41. Vending machines

MANAGER CERTIFICATION
- [ ] 42. Manager certification

CERTIFICATES AND FEES
- [ ] 43. Certificates and fees

INSPECTION/ENFORCEMENT
- [ ] 44. Inspection/Enforcement

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS			
16	All items should be	SAN @ OAT	PASTA 144°f
	stored 6 inches above	to 5t strips +	SAUCE 182°f
	the floor	W1- Cool 41°f	Milk 39°f
		W1-freezer 01	Warmer 182°f
		Ref 41°	Oven 325°f, 325°f

HEALTH DEPARTMENT INSPECTOR: Juana P Diaz PHONE: 954-831-0405
COPY OF REPORT RECEIVED BY: Judith Yazell DATE: 4/8/10

DH Form 4023, 1/05 (Obsoletes Previous Editions)