

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-01068 Name of Facility: Pembroke Pines Middle Charter School Address: 18500 Pembroke Road City, Zip: Pembroke Pines 33029	
Type: School (9 months or less) Owner: City Of Pembroke Pines Person In Charge: Tyshia Dozier Phone: (954) 443-4847 PIC Email: wmchartwells@pinescharter.net	

Inspection Information

Purpose: Reinspection Inspection Date: 12/3/2019 Correct By: None Re-Inspection Date: None	Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0 Facility Grade: N/A Stop Sale: No	Begin Time: 10:17 AM End Time: 10:35 AM
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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

<p>SUPERVISION</p> <p>IN 1. Demonstration of Knowledge/Training</p> <p>IN 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p>IN 3. Knowledge, responsibilities and reporting</p> <p>IN 4. Proper use of restriction and exclusion</p> <p>IN 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p>NO 6. Proper eating, tasting, drinking, or tobacco use</p> <p>NO 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p>NO 8. Hands clean & properly washed</p> <p>NA 9. No bare hand contact with RTE food</p> <p>IN 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p>IN 11. Food obtained from approved source</p> <p>NA 12. Food received at proper temperature</p> <p>IN 13. Food in good condition, safe, & unadulterated</p> <p>NA 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p>NA 15. Food separated & protected; Single-use gloves</p>	<p>IN 16. Food-contact surfaces; cleaned & sanitized</p> <p>NO 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p>NA 18. Cooking time & temperatures</p> <p>NA 19. Reheating procedures for hot holding</p> <p>NA 20. Cooling time and temperature</p> <p>NA 21. Hot holding temperatures</p> <p>NA 22. Cold holding temperatures</p> <p>NA 23. Date marking and disposition</p> <p>NA 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p>NA 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p>NA 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p>NA 27. Food additives: approved & properly used</p> <p>NA 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p>NA 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature:

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Good Retail Practices

<p>SAFE FOOD AND WATER</p> <p>NA 30. Pasteurized eggs used where required</p> <p>NA 31. Water & ice from approved source</p> <p>NA 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</p> <p>NA 33. Proper cooling methods; adequate equipment</p> <p>NA 34. Plant food properly cooked for hot holding</p> <p>NA 35. Approved thawing methods</p> <p>NA 36. Thermometers provided & accurate</p> <p>FOOD IDENTIFICATION</p> <p>NA 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p>NA 38. Insects, rodents, & animals not present</p> <p>NA 39. No Contamination (preparation, storage, display)</p> <p>NA 40. Personal cleanliness</p> <p>NA 41. Wiping cloths: properly used & stored</p> <p>NA 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p>NA 43. In-use utensils: properly stored</p> <p>NA 44. Equipment & linens: stored, dried, & handled</p> <p>NA 45. Single-use/single-service articles: stored & used</p>	<p>NA 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VENDING</p> <p>NA 47. Food & non-food contact surfaces</p> <p>NA 48. Ware washing: installed, maintained, & used; test strips</p> <p>NA 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p>IN 50. Hot & cold water available; adequate pressure</p> <p>NA 51. Plumbing installed; proper backflow devices</p> <p>NA 52. Sewage & waste water properly disposed</p> <p>NA 53. Toilet facilities: supplied, & cleaned</p> <p>NA 54. Garbage & refuse disposal</p> <p>NA 55. Facilities installed, maintained, & clean</p> <p>NA 56. Ventilation & lighting</p> <p>NA 57. Permit; Fees; Application; Plans</p>
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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

No Violation Comments Available

General Comments

NOV# 62991 ABATED

HOT WATER TESTED
Handsink: 100F
3 comp sink: 101F
Mop sink: 103:
Bathroom sink: 114F

NOTE: Employee food safety training based on Florida Administrative Code 64E-11 --DUE MARCH 2020
Documentation of Employee Health Policy training --DUE MARCH 2020
Documentation of food employee awareness of reportable foodborne illness symptoms or diagnosed diseases.--DUE MARCH 2020

Email Address(es): wmchartwells@pinescharter.net

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

06-48-01068 Pembroke Pines Middle Charter School

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Inspection Conducted By: Laura Ramirez (30689)
Inspector Contact Number: Work: (954) 412-7324 ex.
Print Client Name:
Date: 12/3/2019

Inspector Signature:

Handwritten signature of Laura Ramirez.

Client Signature:

Handwritten signature of the client.