

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

UserID: **GrayMA**

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



- RESULTS:**
- Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS
- Correct Violations by**
- Next Inspection
 8:00 AM on

NAME Coral Springs Middle School

ADDRESS 10300 W Wiles Road **CITY** Coral Springs

PHONE 754-322-3000 **ZIP** 33065

PERSON IN CHARGE Joann Roberts

EMAIL joann.roberts@browardschool.com

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
11:20	11:45	02/23/2010	31675	06-48-00178	

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 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 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> |
|--|---|---|---|

COMMENTS AND INSTRUCTIONS

Walkin freezer 10
walkin refrigerator 40
chicken 142
Hotwater 138 2
Reachin refrigerator 40
Reachin freezer 0, -10
milk 41.9

INSPECTION CONDUCTED BY: Melisa Gray, MPH, ES II

PHONE: 954-786-4812

INSPECTION COND SIGNATURE: Melisa Gray

PHONE: 954-290-2290

COPY OF REPORT RECEIVED BY: _____

DATE: 02/23/2010

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



Name: Coral Springs Middle School

Date: 02/23/2010

Identification No: 06-48-00178

Comments and Instructions (Continued from Page 1):

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Received By:

Inspector Melisa Gray, MPH, ES II

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(Stock Number: 5744-000-4104-8)