

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT North Broward Academy of Excellence
 ADDRESS 8200 Sw 17th St CITY North Lauderdale
 OWNER North Broward A ZIP 33068
 PERSON IN CHARGE _____ PHONE 954 718 2211

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
11:30	12:00	082908	27080	06-48-01956	<input checked="" type="checkbox"/> School
1:00	1:00				<input type="checkbox"/> Hospital
2:05 AM	2:05 AM				<input type="checkbox"/> Nursing
3:10 PM	3:10 PM				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
7:30	7:30				<input type="checkbox"/> Residen.
8:35	8:35				<input type="checkbox"/> Child
9:40	9:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
12:55	12:55				

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 384, 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.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES |
| FOOD PROTECTION | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | AND OPERATIONS |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | TEMPORARY FOOD |
| <input type="checkbox"/> 4. Thawing | <input checked="" type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES | SERVICE EVENTS |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | AND CONTROLS | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 31. Water supply | VENDING MACHINES |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 32. Ice | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 33. Sewage | MANAGER CERTIFICATION |
| <input type="checkbox"/> 9. Least contact/Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 34. Plumbing | <input type="checkbox"/> 42. Manager certification |
| <input checked="" type="checkbox"/> 10. Food container | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 35. Toilet facilities | CERTIFICATES AND FEES |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 36. Handwashing facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 37. Garbage disposal | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control | <input type="checkbox"/> 44. Inspection/Enforcement |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>pizza 140°F, corn 140°F - milk 40°F</u>
<u>10</u>	<u>Boxes of food stored on floor in walk-in refrigerator</u>
<u>17</u>	<u>Personnel in kitchen must wear hairnets</u>

HEALTH DEPARTMENT INSPECTOR: Janet Marshall PHONE: 786-1009
 COPY OF REPORT RECEIVED BY: _____ DATE: 8/29/08



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Food Sanitation Annual Operating Certificate

171490

Business

School Cafeteria

North Broward Academy of Excellence
8200 SW 17 St
North Lauderdale, FL 33068

Certificate #: 06-48-01956
Certificate Expires On: 9/30/ 2009

Owner

Charter School USA
C/O North Brow. Acad of Excell
8200 SW 17 St
North Lauderdale, FL 33068

WWW.BrowardCHD.org

LEGAL AUTHORITY: F.S. 381, 513; F.A.C. 64E-11; 64E-15; 64E-16; 64E-17, 64E-19.

Permit Restrictions
No Grease/Steam Producing Cooking

Broward County Health Department
780 SW 24 Street
Ft Lauderdale, FL 33315-2316
EH-North (954) 786-4807