

26.319840/-80.270696

FOOD SERVICE

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

Approval: _____



PURPOSE:

ROUTINE REINSPECTION HOSPITAL CIVIC CHILD
 CONSTRUCT. CHANGE OF OWNER NURSING MOVIE LIMITED
 COMPLAINT CONSULTATION DETENTION SCHOOL OTHER
 QA SURVEY EPIDEMIOLOGY LOUNGE RESIDENTIAL
 OTHER

RESULTS:

Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS

Correct Violations by

Next Inspection
 8:00 AM on

NAME Park Trails Elementary

ADDRESS 10700 Trails End **CITY** Parkland

OWNER Broward County School Board **ZIP** 33076

PERSON IN CHARGE Thomas Redshaw **PHONE** 754-322

EMAIL sally.sharkevich@browardschools.com

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:37	11:58	05/19/2011	34196	06-48-01307

RE-INSPECTION DATE

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>
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COMMENTS AND INSTRUCTIONS

Walkin refrigerator 32
 Walkin freezer 0
 Quat Amm 400 ppm
 Reachin refrigerator 38
 milk 41
 chicken 161
 Rice 147

INSPECTION CONDUCTED BY: Melisa Gray

INSPECTION COND SIGNATURE: Melisa Gray

COPY OF REPORT RECEIVED BY: [Signature]

PHONE: 954-786-4812

PHONE: _____

DATE: 05/19/2011

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



Name:

Date:

Identification No:

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector

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