STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

PURPOSE:

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

NAME OF ESTABLISHMENT: Piper High School

ADDRESS: 8000 NW 44 ST CITY: Sunrise

OWNER: Broward County School Board ZIP: 33351

PERSON IN CHARGE: Judy Garofal PHONE: 954-322-1110

RESULTS

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

Correct Violations by

- [x] Next Inspection
- [ ] 8:00 AM on:

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

- [ ] OUT OF BUSINESS

BEGIN	END
940	1020
1 00	1 00
2 05 AM	2 05 AM
3 10 PM	3 10 PM
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE		
09	27	11
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

POSITION #				
3	1	6	7	5
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	6	7	5
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

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
- [ ] 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
- [x] 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

- [x] 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	
	Ziti 169F, milk 40F, yogurt 41°F
29	Several pot & pans not airdried before stacking
39	Several bulbs out in walk in refrigerator and other freezers and refrigerators in kitchen.
	Inside 1 milk chest rusty.

HEALTH DEPARTMENT INSPECTOR: Juanita Marshall PHONE: 954-788-1402

COPY OF REPORT RECEIVED BY: Judy Garofalo 1/27/11 DATE: 1/27/11

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

ESTABLISHMENT/FACILITY