

# FOOD SERVICE

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

Approval: \_\_\_\_\_



**PURPOSE:**  ROUTINE  REINSPECTION  CONSTRUCT.  COMPLAINT  QA SURVEY  OTHER

**TYPE:**  HOSPITAL  NURSING  DETENTION  LOUNGE  CIVIC  MOVIE  SCHOOL  RESIDENTIAL  CHILD  LIMITED  OTHER

**RESULTS:**

Satisfactory  
 Incomplete  
 Unsatisfactory  
 OUT OF BUSINESS

Correct Violations by  
 Next Inspection  
 8:00 AM on

**NAME** Heron Heights Elementary School

**ADDRESS** 11010 Nob Hill Road **CITY** Parkland

**OWNER** Broward County School Board\* **ZIP** 33076

**PERSON IN CHARGE** Karen Corelli **PHONE** 754-322-9160

**EMAIL** karen.corelli@browardschools.com

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:43	12:09	10/19/2011	34196	06-48-02861

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><b>FOOD SUPPLIES</b></p> <p><input type="checkbox"/> 1. Sources etc.</p> <p><b>FOOD PROTECTION</b></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><b>PERSONNEL</b></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><b>EQUIPMENT/UTENSILS</b></p> <p><input type="checkbox"/> 22. Refrigeration facilities/Them.</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 checked="" 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><b>SANITARY FACILITIES AND CONTROLS</b></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><b>OTHER FACILITIES AND OPERATIONS</b></p> <p><input type="checkbox"/> 39. Other facilities and operations</p> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p><b>VENDING MACHINES</b></p> <p><input type="checkbox"/> 41. Vending machines</p> <p><b>MANAGER CERTIFICATION</b></p> <p><input type="checkbox"/> 42. Manager certification</p> <p><b>CERTIFICATES AND FEES</b></p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p><b>INSPECTION/ENFORCEMENT</b></p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p>
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**COMMENTS AND INSTRUCTIONS**

Hotwater 106  
 Walkin refrigerator 36  
 Walkin freezer 4  
 Reach in refrigerator 38  
 Pizza sticks 180.5  
 Jamaican Patty 155  
 Egg roll 145  
 milk 41

**Violation** Observed: 27 Four compartment sink drain leaking on floor  
**Code Reference** FAC: Designed. 64E-11.006(2). All equipment will be the proper design and fabrication.

INSPECTION CONDUCTED BY: Melisa Gray

INSPECTION COND SIGNATURE: Melisa Gray

COPY OF REPORT RECEIVED BY: M. Whist

PHONE: 954-786-4809

PHONE: 954-290-2262

DATE: 10/19/2011

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



Name: Heron Heights Elementary School

Date: 10/19/2011

Identification No: 06-48-02861

Comments and Instructions (Continued from Page 1):

Copy of Report  
Received By:

Inspector Melisa Gray

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