

**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 Sheridan Technical Center
 ADDRESS 5400 W Sheridan Str CITY Hwd
 OWNER Broward School ZIP 33010
 PERSON IN CHARGE G. M. A. C. PHONE _____

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1 00	1 00	12 08 11	68963	06 - 48 - 00704	<input checked="" type="checkbox"/> School
2 05 AM	2 05 AM	0 0 0 0 05	0 0 0 0 0	0 0 0 0 0 0 0	<input type="checkbox"/> Hospital
3 10 PM	3 10 PM	1 1 1 1 06	1 1 1 1 1	1 1 1 1 1 1 1	<input type="checkbox"/> Nursing
4 15	4 15	2 2 2 2 07	2 2 2 2 2	2 2 2 2 2 2 2	<input type="checkbox"/> Detention
5 20	5 20	3 3 3 3 08	3 3 3 3 3	3 3 3 3 3 3 3	<input type="checkbox"/> Lounge
6 25	6 25	4 4 4 4 09	4 4 4 4 4	4 4 4 4 4 4 4	<input type="checkbox"/> Civic
7 30	7 30	5 5 5 5 10	5 5 5 5 5	5 5 5 5 5 5 5	<input type="checkbox"/> Movie
8 35	8 35	6 6 6 6 11	6 6 6 6 6	6 6 6 6 6 6 6	<input type="checkbox"/> Residen.
9 40	9 40	7 7 7 7 12	7 7 7 7 7	7 7 7 7 7 7 7	<input type="checkbox"/> Child
10 45	10 45	8 8 8 8 13	8 8 8 8 8	8 8 8 8 8 8 8	<input type="checkbox"/> Limited
11 50	11 50	9 9 9 9 14	9 9 9 9 9	9 9 9 9 9 9 9	<input type="checkbox"/> Other
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 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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Keep brooms off floor utensils to be stored handles up

HEALTH DEPARTMENT INSPECTOR: I. Madras PHONE: 9-831-0409
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 12-8-11