

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00203
Name of Facility: Nova Eisenhower Elementary
Address: 6501 SW 39 Street
City, Zip: Fort Lauderdale 33314

Type: School (more than 9 months)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: Belinda Lewis Phone: (754) 321-0215
PIC Email: Belinda.Lewis@browardschools.com

Inspection Information

Purpose: Routine
Inspection Date: 8/22/2025
Correct By: None
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No

Begin Time: 11:25 AM
End Time: 11:50 AM

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- NA** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- NO** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- NA** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- NA** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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



Good Retail Practices

SAFE FOOD AND WATER

- IN** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- NO** 33. Proper cooling methods; adequate equipment
- IN** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- IN** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- IN** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

No Violation Comments Available

General Comments

Result: Satisfactory

Full Service Kitchen

Sanitizer:

QAC(3 compartment sink): 400 PPM

QAC(bucket)x 2:400PPM

Sink Temps:

Handsink: 119F

Prepsink: 120F

Restroom: 118F

Mopsink:115F

Cold Holding

Reach-in fridge:39F

Milk(reach-in fridge 1): 40F

Walk-in fridge : 39F

Walk-in freezer: -2F

Inspector Signature:

Client Signature:

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



Cheese(walk-in fridge): 39F
Ice cream freezer: 0F
Milk (serving line): 37F

Hot holding
Corn(serving line): 150F
Beef(serving line): 135F
Pizza(serving line):144F
Pizza(oven):200F
Pizza(holding device): 145F

Employee Food Safety Training completed, 8/8/25.

1 Thermometer calibrated at: 32F

Pest Control service provided by Tower Pest Control, 8/21/25.

Restrictions:
No dogs or non-service animals allowed inside establishment.

Inspector Signature:

A handwritten signature in black ink, appearing to be "J. S. Smith".

Client Signature:

A handwritten signature in black ink, appearing to be "A. E. Smith".

Form Number: DH 4023 03/18

06-48-00203 Nova Eisenhower Elementary

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



Email Address(es): Belinda.Lewis@browardschools.com

Inspection Conducted By: Christian Sapovits (30689)
Inspector Contact Number: Work: (954) 412-7328 ex.
Print Client Name:
Date: 8/22/2025

Inspector Signature:

A handwritten signature in black ink, appearing to be "C. Sapovits".

Client Signature:

A handwritten signature in black ink, appearing to be "B. Lewis".

Form Number: DH 4023 03/18

06-48-00203 Nova Eisenhower Elementary