

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00559 Name of Facility: Nova High School Address: 3600 SW 70 Avenue City, Zip: Davie 33314 Type: School (more than 9 months) Owner: Broward County School Board - Food & Nutrition Services Person In Charge: Magna Borja Phone: (754) 321-0215 PIC Email: Magna.Borja@browardschools.com

Inspection Information

Purpose: Reinspection Inspection Date: 11/21/2025 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: 09:48 AM End Time: 10:10 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

<p>SUPERVISION</p> <p>IN 1. Demonstration of Knowledge/Training NA 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p>IN 3. Knowledge, responsibilities and reporting IN 4. Proper use of restriction and exclusion IN 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p>NO 6. Proper eating, tasting, drinking, or tobacco use NO 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p>NO 8. Hands clean & properly washed NA 9. No bare hand contact with RTE food IN 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p>IN 11. Food obtained from approved source NA 12. Food received at proper temperature IN 13. Food in good condition, safe, & unadulterated NA 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p>NA 15. Food separated & protected; Single-use gloves</p>	<p>IN 16. Food-contact surfaces; cleaned & sanitized NO 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p>NA 18. Cooking time & temperatures NA 19. Reheating procedures for hot holding NA 20. Cooling time and temperature NA 21. Hot holding temperatures NA 22. Cold holding temperatures NA 23. Date marking and disposition NA 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p>NA 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p>NA 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p>NA 27. Food additives: approved & properly used NA 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p>NA 29. Variance/specialized process/HACCP</p>
--	---

Inspector Signature:

Client Signature:

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



Good Retail Practices

<p>SAFE FOOD AND WATER</p> <p><u>NA</u> 30. Pasteurized eggs used where required</p> <p><u>NA</u> 31. Water & ice from approved source</p> <p><u>NA</u> 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</p> <p><u>IN</u> 33. Proper cooling methods; adequate equipment</p> <p><u>NA</u> 34. Plant food properly cooked for hot holding</p> <p><u>NA</u> 35. Approved thawing methods</p> <p><u>NA</u> 36. Thermometers provided & accurate</p> <p>FOOD IDENTIFICATION</p> <p><u>IN</u> 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p><u>NA</u> 38. Insects, rodents, & animals not present</p> <p><u>IN</u> 39. No Contamination (preparation, storage, display)</p> <p><u>NA</u> 40. Personal cleanliness</p> <p><u>NA</u> 41. Wiping cloths: properly used & stored</p> <p><u>NA</u> 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p><u>NA</u> 43. In-use utensils: properly stored</p> <p><u>NA</u> 44. Equipment & linens: stored, dried, & handled</p> <p><u>IN</u> 45. Single-use/single-service articles: stored & used</p>	<p><u>NA</u> 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VENDING</p> <p><u>IN</u> 47. Food & non-food contact surfaces</p> <p><u>NA</u> 48. Ware washing: installed, maintained, & used; test strips</p> <p><u>NA</u> 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p><u>NA</u> 50. Hot & cold water available; adequate pressure</p> <p><u>NA</u> 51. Plumbing installed; proper backflow devices</p> <p><u>NA</u> 52. Sewage & waste water properly disposed</p> <p><u>NA</u> 53. Toilet facilities: supplied, & cleaned</p> <p><u>IN</u> 54. Garbage & refuse disposal</p> <p><u>NA</u> 55. Facilities installed, maintained, & clean</p> <p><u>IN</u> 56. Ventilation & lighting</p> <p><u>NA</u> 57. Permit; Fees; Application; Plans</p>
---	--

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

LATE NOTE: UNABLE TO CONDUCT REINSPECTION ON 11/11/25 DUE TO WORKING IN A DIFFERENT ZONE.

There is a \$50 fee for the first re-inspection and a \$75 fee for each re-inspection thereafter as required.

ENOV abated

Violation # 16, 33, 37, 39, 45, 47, 54,56 abated

Email Address(es): Magna.Borja@browardschools.com

Inspector Signature:

Client Signature:

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



Inspection Conducted By: Christian Sapovits (30689)
Inspector Contact Number: Work: (954) 412-7328 ex.
Print Client Name:
Date: 11/21/2025

Inspector Signature:

Handwritten signature of the inspector, appearing as a stylized 'CS'.

Client Signature:

Handwritten signature of the client, appearing as 'LV'.

Form Number: DH 4023 03/18

06-48-00559 Nova High School