

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00552
 Name of Facility: North Lauderdale Elementary School
 Address: 7500 Kimberly Boulevard
 City, Zip: North Lauderdale 33068

 Type: School (9 months or less)
 Owner: Broward County School Board - Food & Nutrition Services
 Person In Charge: Washington Landa Phone: (754) 321-0235
 PIC Email: washington.landa@browardschools.com

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 3	Begin Time: 09:41 AM
Inspection Date: 1/20/2026	Number of Repeat Violations (1-57 R): 0	End Time: 10:47 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

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
- IN** 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

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

- NO** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature

- OUT** 21. Hot holding temperatures

- IN** 22. Cold holding temperatures

- OUT** 23. Date marking and disposition (**COS**)

- NA** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

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

HIGHLY SUSCEPTIBLE POPULATIONS

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

ADDITIVES AND TOXIC SUBSTANCES

- IN** 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:

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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

- IN 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- IN 35. Approved thawing methods
- IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- OUT 38. Insects, rodents, & animals not present (**COS**)
- 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

- NA 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
- OUT 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.

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Violations Comments

Violation #16. Food-contact surfaces; cleaned & sanitized
Can opener unclean. Clean and sanitize can opener.

Observed brown substance on inside surface of ice machine. Clean and sanitize inside ice machine.

Observe (wet wiping bucket) held in food prep sink. Remove non-food related item (specify) from food prep sink. Clean and sanitize prep sink. Corrected onsite.

CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.

Violation #21. Hot holding temperatures

Hot TCS food (black beans) tested 117F, not held at 135F or above. Reheat foods at 165F/Reheat commercial product at 135F or above. Item heated to 142F

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held hot and not subject to an approved HACCP plan, must be maintained at 135°F.

Violation #23. Date marking and disposition

Observed thaw date missing on previously frozen commercially processed TCS food item (yogurt). Provide thaw date on previously frozen TCS food item. Corrected onsite.

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are RTE and held refrigerated for more than 24 hours, shall be properly date marked unless otherwise exempted.

Violation #38. Insects, rodents, & animals not present

Dead/trapped insect in dry storage room. Remove dead/trapped insects/rodents. Corrected onsite.

CODE REFERENCE: 64E-11.003(5)(f). Effective measures shall be taken to control the presence of pests in the food establishment. Unless otherwise approved, live animals shall not be allowed.

Violation #55. Facilities installed, maintained, & clean

Observed hole at bottom of wall in dry storage. Repair wall.

CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

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General Comments

Employee Food Safety Training/Employee Health policy training completed on 8/06/25.

Food Temps

Cold Foods:

Milk: 38-40F

Yogurt: 36F

Hot Foods

Mexican Pizza: 136-140F

Black Beans: 142F

Green Beans: 146F

Beef Taco: 150F

Refrigerator Temps

Reach-in refrigerator: 35-40F

Reach-in freezer: -10F

Walk-in refrigerator: 30F

Walk-in freezer: 10F

Hot Water Temps

Kitchen handsink: 100F

3 comp. sink: 111F

Food prep sink: 105F

Employee bathroom handsink: 102F

Mopsink: 101F

Warewashing Procedure/Sanitizer Used

3 comp. sink chemical sanitizer: ECO Lab-700PPM DDBSA and 1875 ppm Lactic acid

Sanitizer Bucket: ECO Lab-700PPM DDBSA and 1875 ppm Lactic acid

Sanitizer Test kit provided.

PEST CONTROL

Facility must implement an Integrated Pest Management plan.

Pest Control service provided by Tower Pest Control.

NON-SERVICE ANIMALS

No dogs or non-service animals allowed inside establishment.

Email Address(es): washington.landa@browardschools.com

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

Form Number: DH 4023 03/18

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Inspection Conducted By: Rhonda Anderson (6608)
Inspector Contact Number: Work: (954) 412-7034 ex.
Print Client Name:
Date: 1/20/2026

Inspector Signature:

Handwritten signature of Rhonda Anderson.

Client Signature:

Handwritten signature of the client.

Form Number: DH 4023 03/18

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