

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-2623781
 Name of Facility: McFatter Technical College-FNS Kiosk
 Address: 6500 Nova Drive, Building 6
 City, Zip: Davie 33317

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

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:38 AM
Inspection Date: 2/28/2025	Number of Repeat Violations (1-57 R): 0	End Time: 10:58 AM
Correct By: None	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

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

Client Signature:

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Good Retail Practices

SAFE FOOD AND WATER

NO 30. Pasteurized eggs used where required

IN 31. Water & ice from approved source

NA 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

NA 33. Proper cooling methods; adequate equipment

NA 34. Plant food properly cooked for hot holding

NA 35. Approved thawing methods

IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

NO 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

NO 41. Wiping cloths: properly used & stored

NO 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

NO 43. In-use utensils: properly stored

NO 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

NA 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

Facility not in use at time of inspection

Temperatures:

Handsink:121F

Restroom

M:100F

F: 100F

1 Thermometer calibrated at: 32F

Inspector Signature:

Client Signature:

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Note: Pre-packaged cold food received from Indian Middle School daily to be served by students in room 613 when program is in operation.

Employee safety training completed, January 2025.
Tower Pest Control on site: February 2025.

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

Food Restrictions: No PHF/TCS food preparation, Pre-Packaged/Pre-Portioned Foods Only, No retention of food overnight, Receipt and service of catered food only, Single Service Only.

Email Address(es): Tamia.Singleton@browardschools.com

Inspection Conducted By: Christian Sapovits (30689)
Inspector Contact Number: Work: (954) 412-7328 ex.
Print Client Name:
Date: 2/28/2025

Inspector Signature:

Handwritten signature of the inspector, Christian Sapovits.

Client Signature:

Handwritten signature of the client, likely a representative of McFatter Technical College.

Form Number: DH 4023 03/18

06-48-2623781 McFatter Technical College-FNS Kiosk