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

PURPOSE:

- [x] ROUTINE
- [ ] CONSTRUCT.
- [ ] COMPLAINT
- [ ] QA SURVEY
- [ ] OTHER ____
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] OTHER

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by

- [x] Next Inspection
- [ ] 8:00 AM on:

DATE ____

- [ ] OUT OF BUSINESS

NAME OF ESTABLISHMENT: Monarch High School
ADDRESS: 5050 Wiles Rd CITY: Coconut Creek
OWNER: Broward Co. School Board ZIP: 33073
PERSON IN CHARGE: Fred Platt PHONE: [illegible]

BEGIN: 8:25am END: 9:00am

DATE: 04 17 09

- [ ] Hospital
- [ ] Nursing
- [ ] Detention
- [ ] Lounge
- [ ] Civic
- [ ] Movie
- [x] School
- [ ] Residen.
- [ ] Child
- [ ] Limited
- [ ] Other

FOOD SUPPLIES
- [ ] 1. Sources, etc.

FOOD PROTECTION
- [ ] 2. Stored temperature
- [ ] 3. No further cooking/Rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw fruits
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact/Reheating
- [x] 10. Food container
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Sneeze guards
- [ ] 15. Transportation of food
- [ ] 16. Poisonous/Toxic materials

PERSONNEL
- [ ] 17. Exclusion of personnel
- [ ] 18. Cleanliness
- [ ] 19. Tobacco use
- [ ] 20. Handwashing
- [ ] 21. Handling of dishware

EQUIPMENT/UTENSILS
- [ ] 22. Refrigeration facilities/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sufficient equipment
- [ ] 26. Dishwashing facilities
- [ ] 27. Design and fabrication
- [ ] 28. Installation and location
- [ ] 29. Cleanliness of equipment
- [ ] 30. Methods of washing

SANITARY FACILITIES AND CONTROLS
- [ ] 31. Water supply
- [ ] 32. Ice
- [ ] 33. Sewage
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities
- [ ] 36. Handwashing facilities
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control

OTHER FACILITIES AND OPERATIONS
- [x] 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS
- [ ] 40. Temporary food service events

VENDING MACHINES
- [ ] 41. Vending machines

MANAGER CERTIFICATION
- [ ] 42. Manager certification

CERTIFICATES AND FEES
- [ ] 43. Certificates and fees

INSPECTION/ENFORCEMENT
- [ ] 44. Inspection/Enforcement

ITEM NUMBERS | **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

Walk in freezer = 0°F
Walk-in cooler = 38°F
r.i.c = 38°F
Milk = 35°F

(39) provide light shield in walk-in cooler. (10) label and date food items held for more than 24 hours.

dishwasher = 160°F at plate level.

HEALTH DEPARTMENT INSPECTOR: Sydney Harris *PHONE:* (954) 786-4812

COPY OF REPORT RECEIVED BY: Fred Platt *DATE:* 4-17-09

DH Form 4023, 1/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY