

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 06-48-01380
Name of Facility: Millennium Middle School
Address: 5803 NW 94 Avenue
City, Zip: Tamarac 33321

Correct By: Next Inspection
Re-Inspection Date: None

Type: School (more than 9 months)
Owner: Broward County School Board***
Person In Charge: Alexis Bompadre Phone: 754-322-3910

Inspection Information

Purpose: Routine
Inspection Date: 5/31/2017

Begin Time: 12:39 PM
End Time: 01:30 PM

Additional Information

No Additional Information Available

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Violation Markings

FOOD SUPPLIES	17. Exclusion of personnel	X 34. Plumbing
1. Sources, etc.	18. Cleanliness	35. Toilet facilities
FOOD PROTECTION	19. Tobacco use	36. Handwashing facilities
2. Stored temperature	20. Handwashing	37. Garbage disposal
3. No further cooking/Rapid cooling	21. Handling of dishware	38. Vermin control
4. Thawing	EQUIPMENT/UTENSILS	OTHER FACILITIES AND OPERATIONS
5. Raw fruits	22. Refrigeration facilities/Thermometers	X 39. Other facilities and operations
6. Pork cooking	23. Sinks	TEMPORARY FOOD SERVICE EVENTS
7. Poultry cooking	24. Ice storage/Counter-protector	40. Temporary food service events
8. Other animal cooking	25. Ventilation/Storage/Sufficient equipment	VENDING MACHINES
9. Least contact/Reheating	26. Dishwashing facilities	41. Vending machines
10. Food container	27. Design and fabrication	MANAGER CERTIFICATION
11. Buffet requirements	28. Installation and location	42. Manager certification
12. Self-service condiments	29. Cleanliness of equipment	CERTIFICATES AND FEES
13. Reservice of food	30. Methods of washing	43. Certificates and fees
14. Sneeze guards	SANITARY FACILITIES AND CONTROLS	INSPECTION/ENFORCEMENT
15. Transportation of food	31. Water supply	44. Inspection/Enforcement
16. Poisonous/Toxic materials	32. Ice	
PERSONNEL	33. Sewage	

Inspector Signature:

Client Signature:

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General Comments

FROM LEFT TO RIGHT

SERVICE STATION 1: STEAMTABLE: BEANS: 179F, FRIES: 155F
WARMER: NO HOT FOOD AT THE TIME OF INSPECTION
MILK COOLER: F MILK: 41F
REACH IN COOLER: 41
CHEST FREEZER: -10F

SERVICE STATION 2: STEAMTABLE: BEANS: 160F, HOT DOGS: 152F
WARMER: HOT DOGS: 145F
MILK COOLER: 22F MILK: 36F
REACH IN COOLER: 40F
CHEST FREEZER: 9F

WALK IN COOLER: 18F
WALK IN FREEZER: -10F
REACH IN COOLERS: 31F,
REACH IN FREEZERS: 10F, 22F, 10F

SANITIZER: QUAT TABLETS 3 COMPARTMENT SINK 200 PPM
ALL SINKS USED BY EMPLOYEES HAVE HOT WATER AT THE TIME OF INSPECTION
ALL THERMOMETERS ARE IN WORKING ORDER AT THE TIME OF INSPECTION

Email Address(es): alexis.bompadre@browardschools.com

Violations Comments

Violation #34. Plumbing

OBSERVED: LOOSE PLUMBING FIXTURE IN MEN'S RESTROOM USED BY FOOD SERVICE EMPLOYEES

CODE REFERENCE: Plumbing. 64E-11.007(3). Plumbing will comply with the plumbing authority having jurisdiction. Backflow prevention will be provided where needed.

Violation #39. Other facilities and operations

OBSERVED: STAINED CEILING TILE IN STORAGE ROOM

OBSERVED: DUSTY VENTS IN STORAGE ROOMS

OBSERVED: CEILING TILE IN DISREPAIR ABOVE CLEAN STORED UTENSILS SHELF NEXT TO 3 COMPARTMENT SINK

OBSERVED: MOLD-LIKE SUBSTANCE ON WALL TILE BEHIND KETTLE

CODE REFERENCE: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Sharon Bures (929)
Inspector Contact Number: Work: (954) 467-4700 ex. 4235
Print Client Name:
Date: 5/31/2017

Inspector Signature:

Client Signature: