

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY OTHER
- OTHER _____

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Lyons Creek Middle
 ADDRESS 4333 Sol Press Blvd. CITY Coconut Creek
 OWNER Broward Co. School Board ZIP 33013
 PERSON IN CHARGE Sherry Mott PHONE 754-322-3710

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
9:00 AM	9:30 AM	05/25/10	77075	06-48-01211	<input type="checkbox"/> Hospital
<input type="checkbox"/> 00	<input type="checkbox"/> 00				<input type="checkbox"/> Nursing
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM				<input type="checkbox"/> Detention
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM				<input type="checkbox"/> Lounge
<input type="checkbox"/> 15	<input type="checkbox"/> 15				<input type="checkbox"/> Civic
<input type="checkbox"/> 20	<input type="checkbox"/> 20				<input type="checkbox"/> Movie
<input type="checkbox"/> 25	<input type="checkbox"/> 25				<input checked="" type="checkbox"/> School
<input type="checkbox"/> 30	<input type="checkbox"/> 30				<input type="checkbox"/> Residen.
<input type="checkbox"/> 35	<input type="checkbox"/> 35				<input type="checkbox"/> Child
<input type="checkbox"/> 40	<input type="checkbox"/> 40				<input type="checkbox"/> Limited
<input type="checkbox"/> 45	<input type="checkbox"/> 45				<input type="checkbox"/> Other
<input type="checkbox"/> 50	<input type="checkbox"/> 50				
<input type="checkbox"/> 55	<input type="checkbox"/> 55				

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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Walk-in freezer: 20°F Walk-in cooler: 46°F
	Milk: 42°F reach-in cooler 2: 38°F ham (reach-in cooler 2): 39°F
	3 Comp. Sink - 200 ppm quat. reach-in freezer = -4°F
(22)	replace thermometer in reach-in cooler beside ice machine.
	Door open to walk-in cooler due to delivery.

HEALTH DEPARTMENT INSPECTOR: Sydney Hains PHONE: (954) 7810 4813
 COPY OF REPORT RECEIVED BY: Sherry Mott DATE: 5/25/10