

FOOD SERVICE FOOD SERVICE

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



PURPOSE:

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

NAME OF ESTABLISHMENT <u>Howard Drive Elem.</u>	
ADDRESS <u>7750 SW 136 Street</u>	CITY <u>Miami</u>
OWNER <u>M-DCSB Food and Nutrition</u>	ZIP <u>33156</u>
PERSON IN CHARGE <u>Doris Jimenez</u>	PHONE _____

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	TYPE
8:00 am	8:45 am	09/26/2016	027431	13-48-06286	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input type="checkbox"/> School <input type="checkbox"/> Resident <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other:

Items marked below are not in compliance with 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 of the Florida Administrative Code and Chapters 381 and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above or an administrative fine or other legal action will be initiated.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No Comments for this Inspection

HEALTH DEPARTMENT INSPECTOR: Manuel Alzugaray PHONE: (786) 216-9760 EX.

COPY OF REPORT RECEIVED BY: Signed DATE: 09/26/2016