UserId: Welch SA

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

Geocoded 25.940670/-80.255672

PURPOSE:

- [x] ROUTINE
- [ ] REINSPECTION
- [ ] CONSTRUCT.
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] EPIDEMIOLOGY (use other)
- [ ] OTHER

TYPE: School (more than 9 months)

RESULTS:

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory
- [ ] OUT OF BUSINESS

Correct Violations by

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

NAME Miami Carol City Sr HS #2

ADDRESS 3301 NW 183 Street **CITY** Miami

OWNER M-DCSB Food and Nutrition **ZIP** 33056

PERSON IN CHARGE Mrs. Homma **PHONE** (305) 995-1000

EMAIL clecounte@DADESCHOOLS.NET; homma1@dadeschools.net; cstephens@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
12:15	12:45	04/23/2015	69728	13-48-1275079

RE-INSPECTION DATE

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.

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
- [ ] 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/Therm.
- [ ] 23. Sinks
- [ ] 24. Ice storage/counter-protector
- [ ] 25. Ventilation/Storage/Sufficent equip.
- [ ] 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 FACILIITES AND OPERATIONS
- [ ] 39. Other facilites 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

COMMENTS AND INSTRUCTIONS

Satisfactory

INSPECTION CONDUCTED BY: Shelly-Ann Welch PHONE: (305) 623-3500 ex. 23622

INSPECTION COND SIGNATURE: PHONE 2: (305) 623-3500 ex. 23622

COPY OF REPORT RECEIVED BY: DATE: 4/23/2015

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Food Establishment

Name: Miami Carol City Sr HS #2

Date: 04/23/2015 Identification No: 13-48-1275079

Comments and Instructions (Continued from Page 1):

Copy of Report Received By:

Inspector Shelly-Ann Welch

DH 4104, 4/96
(Stock Number: 5744-000-4104-8)