

**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**

C' CAFE

NAME OF ESTABLISHMENT Miami Lakes Tech Center
 ADDRESS 5730 NW 158 St CITY Miami Lakes
 OWNER MORLA ZIP 33014
 PERSON IN CHARGE Alouk PHONE 305-557-1100

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END
8:00	9:00
9:00	10:00
10:00	11:00
11:00	12:00
12:00	1:00
1:00	2:00
2:00	3:00
3:00	4:00
4:00	5:00
5:00	6:00
6:00	7:00
7:00	8:00
8:00	9:00
9:00	10:00
10:00	11:00
11:00	12:00
12:00	1:00

DATE
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POSITION
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CERTIFICATE NUMBER
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TYPE
<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 checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

Violations which require corrective action under the requirements of Chapter 64B-11 of the Florida Administrative Code must be corrected. Continued non-compliance with the provisions of the Florida Administrative Code may result in a violation of Chapter 64B-11, Florida Administrative Code and Chapters 381 and 382 of the Florida Statutes. Penalties may be assessed. The penalties are specified in the Penalty section above or an administrative fine or other legal action will ensue.

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

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

(39) Replace water damaged ceiling tiles in Classroom of kitchen area.
 [New abacus system work in progress. So many tiles displaced]

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 305-623-3100

COPY OF REPORT RECEIVED BY: [Signature] DATE: 05/14/09

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

