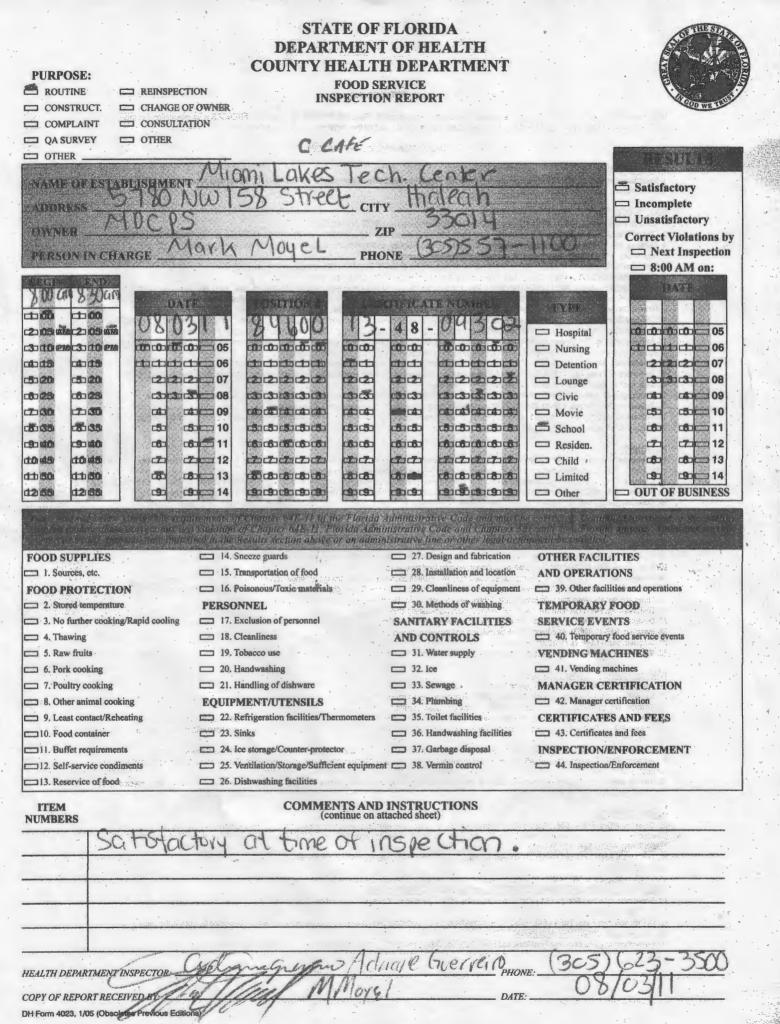


ESTABLISHMENT/FACILITY

STATE OF FLORIDA DEPARTMENT OF HEALTH DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT PURPOSE: REINSPECTION ROUTINE REINSPECTION CONSTRUCT CHANGE OF OWNER COMPLAINT CONSULTATION QA SURVEY OTHER						
NAME OF ESTABLISHMENT <u>Miami LaWeslech. (tr. Server 11-50</u> ADDRESS <u>5780 NW 158 Street city Haleah</u> OWNER <u>AOC PS</u> <u>ZIP 33014</u> PENSON IN CHARGE <u>Mark Moyel</u> PHONE <u>305 557-1100</u> B Satisfactory Correct Violation D Next Inspect B Satisfactory Correct Violation D Next Inspect B Satisfactory Correct Violation D Next Inspect						
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FOOD SUPPLIES 14. Sneeze guards 1. Sources, etc. 15. Transportation of food FOOD PROTECTION 16. Poisonous/Toxic matter 2. Stored temperature PERSONNEL 3. No further cooking/Rapid cooling 17. Exclusion of personnel 4. Thawing 18. Cleanliness 5. Raw fruits 19. Tobacco use 6. Pork cooking 20. Handwashing 7. Poultry cooking 21. Handling of dishware 8. Other animal cooking EQUIPMENT/UTENSHLS 9. Least contact/Reheating 22. Refrigeration facilities 10. Food container 23. Sinks 11. Buffet requirements 24. Ice storage/Counter-prode 12. Self-service condiments 25. Ventilation/Storage/Sut 13. Reservice of food 26. Dishwashing facilities		ransportation of food oisonous/Toxic materials NNEL xclusion of personnel leanliness obacco use andwashing andling of dishware MENT/UTENSILS effigeration facilities/Thermotinks are storage/Counter-protector entilation/Storage/Sufficient of bishwashing facilities	 30. Methods of washing SANITARY FACILITIES AND CONTROLS 31. Water supply 32. Ice 33. Sewage 34. Phimbing 35. Toilet facilities 36. Handwashing facilities 		OTHER FACILITIES AND OPERATIONS 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS 40. Temporary food service svents VENDING MACHINES 41. Vending machines MANAGER CERTIFICATION 42. Manager certification CERTIFICATES AND FEES 43. Certificates and fees INSPECTION/ENFORCEMENT 44. Inspection/Enforcement	
ITEM NUMBERS (continue on attached sheet)						
HEALTH DEPARTMENT INSPECTION OF MALE (MEIRIN PHONE: (45) (233500 COPY OF REPORT RECEIVED AND MALE (MEIRIN PHONE: (45) (233500 0.8 [0.3/1]						
DH Form 4023, 1/05 (Obsoletes Previous Editions)						



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