

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC/PRIVATE SCHOOL
INSPECTION REPORT**

TYPE:

- 12 Private School
- 13 Public School
- 22 Charter School
- 23 Vocational School
- 24 College/University
- Other _____



PURPOSE:

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

NAME OF SCHOOL Miami Lakes Tech Center
 ADDRESS 5780 NW 158 St CITY Hialeah
 OWNER MDCPS ZIP 33014
 PERSON IN CHARGE Mark Moyal PHONE (305) 557-1100

CENSUS
 500
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
FEMALES
 28
MALES
 250

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	TIME	STATUS
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		

OUT OF BUSINESS

BEGIN	END
9:30a	11:00a
1:00	1:05
2:05	2:05
3:10	3:10
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
08/31/11
05
06
07
08
09
10
11
12
13
14

POSITION
84600
05
06
07
08
09
10
11
12
13
14

PERMIT NUMBER
13-51-08169
05
06
07
08
09
10
11
12
13
14

This form will serve as a "Notice of Non-Compliance" for violations noted. It is the responsibility of the school administrator to correct violations noted within the time period indicated. Failure to do so within the time period is a violation of Chapter 381, Florida Statutes, and may result in administrative fine or other legal action being initiated by the department.

SCHOOL SANITATION	SANITARY FACILITIES	LIQUID/SOLID WASTE	SAFETY
<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	WATER SUPPLY	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 28. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 20. Approved Source	
<input type="checkbox"/> 7. Heating, Ventilation, A/C		VECTOR/VERMIN CONTROL	
		<input type="checkbox"/> 21. Sewage Disposal	
		<input type="checkbox"/> 22. Solid Waste	
		<input type="checkbox"/> 23. Infestation/Control	
		<input type="checkbox"/> 24. Brush/Trash	
		<input type="checkbox"/> 25. Water Collection/Drainage	

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Blkg C/#3 (Between Br 374 & 375) Repair hole under water tank.
5	Rm #158 (Dental lab) Clean all cabinets.
5	Rm #142 Repair (air cap it not going to be used) electric outlet right hand side of room (west)
19	Rm #138 (childcare) lower water maintain pressure to avoid collapse into center

HEALTH DEPARTMENT INSPECTOR: Adriane Greene PHONE: (305) 673-3500
 COPY OF REPORT RECEIVED BY: M Moyal DATE: 08/03/11
 DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Miami Lakes Tech. / Bakery Food Lab
 ADDRESS 5780 NW 158 St CITY Hialeah
 OWNER MVCPS ZIP 33014
 PERSON IN CHARGE Mark Moyel PHONE (305) 557-1100

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

OUT OF BUSINESS

TIME	DATE
<input checked="" type="checkbox"/> 8:30 am	<input checked="" type="checkbox"/> 08/03/2011
<input type="checkbox"/> 9:00 am	<input type="checkbox"/> 08/03/2011
<input type="checkbox"/> 9:30 am	<input type="checkbox"/> 08/03/2011
<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 08/03/2011
<input type="checkbox"/> 10:30 am	<input type="checkbox"/> 08/03/2011
<input type="checkbox"/> 11:00 am	<input type="checkbox"/> 08/03/2011
<input type="checkbox"/> 11:30 am	<input type="checkbox"/> 08/03/2011
<input type="checkbox"/> 12:00 pm	<input type="checkbox"/> 08/03/2011

DATE
<input checked="" type="checkbox"/> 08/03/11
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION
<input checked="" type="checkbox"/> 84600
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

CERTIFICATE NUMBER
<input checked="" type="checkbox"/> 13-48-18676
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- TYPE**
- Hospital
 - Nursing
 - Detention
 - Lounge
 - Civic
 - Movie
 - School
 - Residen.
 - Child
 - Limited
 - Other

This form and the requirements are Chapter 64E-11 of the Florida Administrative Code and must be reviewed continuously for amendments. Inspectors are required to report any amendments to Chapter 64E-11, Florida Administrative Code and Chapters 381 and 382, Florida Statutes, immediately and to the jurisdiction of the results section above or an administrative fine or other legal action will be initiated.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
10	Ensure Scoop handles are kept outside of flour/sugar containers (corrected on site)
39	Eliminate standing water in mop buckets (corrected on site)

HEALTH DEPARTMENT INSPECTOR: Adriane Guerra PHONE: (305) 623-3500
 COPY OF REPORT RECEIVED BY: M. Moyel DATE: 08/03/2011

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> OTHER | |

**FOOD SERVICE
INSPECTION REPORT**

F-Cafe

NAME OF ESTABLISHMENT Miami Lakes Tech. Ctr. Senior High Sch
 ADDRESS 5780 NW 158 Street CITY Hallandale
 OWNER MOC PS ZIP 33014
 PERSON IN CHARGE Mark Moyel PHONE (305) 557-1100

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END
9:00 am	9:30 am
1:00 pm	1:00 pm
2:05 pm	2:05 pm
3:10 pm	3:10 pm
4:15 pm	4:15 pm
5:20 pm	5:20 pm
6:25 pm	6:25 pm
7:30 pm	7:30 pm
8:35 pm	8:35 pm
9:40 pm	9:40 pm
10:45 pm	10:45 pm
11:50 pm	11:50 pm
12:55 pm	12:55 pm

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

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

CERTIFICATE NUMBER					
1	3	4	8	-	16969
0	0	0	0	0	0
0	0	0	0	0	0
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0	0	0	0	0	0

- TYPE**
- Hospital
 Nursing
 Detention
 Lounge
 Civic
 Movie
 School
 Residen.
 Child
 Limited
 Other

This report is prepared in accordance with the requirements of Chapter 64E-11 of the Florida Administrative Code and must be submitted to the appropriate authority in accordance with a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 382, Florida Statutes. The date and time indicated in the Results section above or an administrative fine or other legal action will be required.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory at time of inspection.
	Kitchen will be cleaned before the beginning of the new school year 8/22/11.

HEALTH DEPARTMENT INSPECTOR [Signature] PHONE: (305) 623-3500
 COPY OF REPORT RECEIVED BY [Signature] DATE: 08/10/11

**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 5180 NW 158 Street CITY Hialeah
 OWNER MDCPS ZIP 33014
 PERSON IN CHARGE Mark Moyel PHONE (305) 557-1100

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	05
0	06
0	07
0	08
0	09
0	10
0	11
0	12
0	13
0	14

OUT OF BUSINESS

REG. END	END
8:00 am	8:00 am
2:05 am	2:05 am
3:10 am	3:10 am
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE	
08/03/11	
0	05
0	06
0	07
0	08
0	09
0	10
0	11
0	12
0	13
0	14

IDENTIFICATION	
84600	
0	05
0	06
0	07
0	08
0	09
0	10
0	11
0	12
0	13
0	14

CERTIFICATE NUMBER	
13-48-09302	
0	05
0	06
0	07
0	08
0	09
0	10
0	11
0	12
0	13
0	14

- TYPE**
- Hospital
 - Nursing
 - Detention
 - Lounge
 - Civic
 - Movie
 - School
 - Residen.
 - Child
 - Limited
 - Other

This report is the property of the Department of Health, State of Florida. It is loaned to you for your use only. It is to be returned to the Department of Health, State of Florida, upon request. This report is not to be used for any other purpose without the written consent of the Department of Health, State of Florida. Any use of this report for any other purpose without the written consent of the Department of Health, State of Florida, may result in the imposition of a civil penalty or other legal action.

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

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

Satisfactory at time of inspection.

HEALTH DEPARTMENT INSPECTOR Adriane Guerrero PHONE: (305) 623-3500
 COPY OF REPORT RECEIVED BY M. Moyel DATE: 08/03/11

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