

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



1 of 2

Facility Information Section

Satisfactory

Permit Number: 13-48-16969 Type: School (more than 9 months) Owner: M-DCSB Food and Nutrition

Person In Charge: Libvby Hayward Phone: (786) 286-4616

Name of Facility: Miami Lakes Tech. Ctr. Sr. HS

Address: 5780 NW 158 Street City, Zip: Miami Lakes 33014

Inspection Results Information Section

Begin Time: 11:45 AM Purpose: Routine Correct By: None

Inspection Date: 9/16/2015 End Time: 12:15 PM Re-Inspection Date: None

Additional Information Section

No Additional Information Available

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.

Violation Markings Section

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/Thermometers
- 23. Sinks
- 24. Ice storage/Counter-protector
- 25. Ventilation/Storage/Sufficient equipment
- 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 FACILITIES AND OPERATIONS
- 39. Other facilities 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

General Comments Section

Satisfactory inspection. No apparent violation at time of inspection

Inspector Signature:

Client Signature:

Form Number: DH 4023 01/05



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Violations Comments Section

No Violation Comments Available

Inspection Conducted By: Naissa Julien (31113)

Phone: (305) 623-3500 ex. 24222

Received By: Signed Date: 9/16/2015

Inspector Signature:

Form Number: DH 4023 01/05

Client Signature:

Halr berten