STATE OF FLORIDA DEPARTMENT OF HEALTH



COUNTY HEALTH DEPARTMENT PURPOSE: FOOD SERVICE ROUTINE REINSPECTION INSPECTION REPORT ☐ CONSTRUCT CHANGE OF OWNER COMPLAINT CONSULTATION Child CARE QA SURVEY □ OTHER OTHER RESULTS Satisfactory Incomplete Unsatisfactory 3201 Correct Violations by □ Next Inspection PERSON IN CHARGE _ □ 8:00 AM on: BEGIN END DATE 1130 100 POSITION# CERTIFICATE NUMBER DATE TYPE 1 00 4 00 8 4 2 05 AM 2 05 AM 000000000 05 ☐ Hospital 3 10 PM 3 10 PM 0 0 0 0 05 010101010 0 0 0 0 0.00.00.000 □ Nursing 111 did ___06 4 115 4 de diction dict tict 2 22 07 06 Detention 5 20 5 20 2 2 2 2 2 3 3 07 2112112112112 2112 2 2 2 2 2 13 08 ☐ Lounge 6 25 6 25 3 3 3 = 08 3 3 3 3 3 3 3 313131313 09 3 3 14 (4) □ Civic 7 30 7 30 A 4 09 4 4 4 4 4 414 min C4 414 4 4 4 5 157 10 ☐ Movie 8 35 8 35 5. 150 = 10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 183 = 11 School School 9 40 9 40 16 6 11 6 6 6 6 6 6 6 6 6 6 6 6 6 6 7 7 12 Residen. 10 45 10 45 17 7 12 77777 77 7 7 77777 8 18 13 Child 1150 11:50 8 8 8 10 8 8 8 8 8 8 18 8 113 8 8 8 8 8 8 19 191 14 Limited **48** 55 12 55 8 90 9 9 9 9 9 9 19 9 9 9119119119119 **OUT OF BUSINESS** 14 Other tiems marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this jucility 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 27. Design and fabrication OTHER FACILITIES 14. Sneeze guards ☐ 1. Sources, etc 15. Transportation of food 28. Installation and location AND OPERATIONS FOOD PROTECTION 16. Poisonous Toxic materials 29. Cleanliness of equipment 39. Other facilities and operations 2. Stored temperature 30. Methods of washing PERSONNEL. TEMPORARY FOOD 3. No further cooking/Rapid cooling 17. Exclusion of personnel SANITARY FACILITIES SERVICE EVENTS 4. Thawing ☐ 18. Cleanliness AND CONTROLS 40. Temporary food service events 5. Raw fruits 19 Tobacco use 31. Water supply VENDING MACHINES 6. Pork cooking 20. Handwashing □ 32. Ice 41. Vending machines 7. Poultry cooking 21. Handling of dishware 33. Sewage MANAGER CERTIFICATION 8. Other animal cooking EQUIPMENT/UTENSILS 34. Plumbing 42. Manager certification 9, Least contact/Reheating 22. Refrigeration facilities/Thermometers ☐ 35. Toilet facilities CERTIFICATES AND FEES □ 10. Food container ____ 23. Sinks 36. Handwashing facilities 43. Certificates and fees □11. Buffet requirements 24. Ice storage/Counter-protector 37. Garbage disposal INSPECTION/ENFORCEMENT 12. Self-service condiments 25: Ventilation/Storage/Sufficient equipment 38. Vermin control 44. Inspection/Enforcement 13. Reservice of food 26. Dishwashing facilities COMMENTS AND INSTRUCTIONS (continue on attached sheet) ITEM NUMBERS

HEALTH DEPARTMENT INSPECTOR:

COPY OF REPORT RECEIVED BY:

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

ESTABLISHMENT/FACILITY

STATE OF FLORIDA DEPARTMENT OF HEALTH

COUNTY HEALTH DEPARTMENT

PURPOSE: ROUTINE REINSPECTION	FOOD FOOD	SERVICE		
CONSTRUCT CHANGE OF	INSPECT	ION REPORT		FOR WE TRUS
COMPLAINT CONSULTAT	the second secon			
OASURVEY TOTHER				
OTHER	C-cate			RESULTS
NAME OF ESTABLISHMENT	Man Jaka	Tech Clar E.		Satisfactory
ADDRESS 5780 0	VW 138 St C	TY Halant		- Incomplete
			HARLES !	Unsatisfactory
OWNER	DEIB	ZIP 35014	-	Correct Violations by
PERSON IN CHARGE	lack. PI	HONE 201-557-11	00	Next Inspection
				== 8:00 AM on:
BEGIN END				DATE
145 1250 DATE	E POSITION# C	ERTIFICATE NUMBER	TYPE	
2:05 MM 2:05 MM 09 2 3	09 02316 13	- 48 - 09 202		
			☐ Hospital	05 00 00 00 05
(3) (10 em 3) (10 em 8) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0			Nursing	06
5 20 5 20 2 2		一般を 三月 一般 一日 一日 日本 一日 日本	Detention	3 3 3 08
6 25 6 25 3 3 3		ははく、一世間の名を図りの意味	Louige	14 (4 09
CONTROL TO SECURITION OF THE PARTY OF THE PA	09 (4)(4)(4)(4)(4) (4)(4)	THE RESERVE TO SERVE ASSESSED.	Civic Movie	5 5 10
	10 5 5 5 5 5 5	日本 日本 日本 日本 日本 日本 日本 日本	School	16: 16: 11
CONTROL CONTROL OF THE CONTROL OF TH	11 6 6 6 6 6 6 6		Residen.	7 7 12
- C-	12 7:17:17:17:17:17:17:17:17:17:17:17:17:17	2021	Child	18 8 13
4.700 mm (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	13 8 8 8 8 8 8 8 8		□ Louned	(9) (9) 14
	14 9:09:19:09:09:19:	The second secon	Other	OUT OF BUSINESS
without making these corrections is a	by mosers of Chapter 64E-11 of the Floride violation of Chapter 64E-11. Floride 4s and in the Results vection above or an ad	distinstructive Code and Chapters 33 ininistructive fine or other legal action	tt. nut 386, Florid	la Storolov Fordations must be
FOOD SUPPLIES	14. Sacere guards	27, Design and Odrocation	OTHER FACE	
III I. Sources, etc.	15. Transportation of food	28. Installation and location	AND OPERAT	
FOOD PROTECTION	E 16. Poisomous/Toxic materials	29. Cleanliness of equipment		dities and operations
2. Stored temperature	PERSONNEL.	30, Methods of washing	TEMPORARY	
23 3. No further cooking/Rapid cooling	17. Exclusion of personnel 18. Cleanliness	SANITARY FACILITIES	SERVICE EVI	
1 Thawing 5 Raw from	19. Tobacco use	AND CONTROLS		y food service events
6. Pork cooking	20. Handwashing	31. Water aupply 32. Ice	VENDING MA	
7. Positry cooking	21 Handling of dishware	□ 33. Sewage		ERTIFICATION
E 8. Other animal cooking	EQUIPMENT/UTENSILS	34 Plumbing	12 Manager	
□ 9. Least contact/Reheating	22. Refrigeration facilities/Thermometer	AMILIAN GARAGE	CERTIFICATI	
10. Food container	23. Sinks	36. Handwashing facilities	43 Certificat	
E311 Buffet requirements	24, Ice storage/Counter-protector	37. Garbage disposal		ENFORCEMENT
m12 Self-service condiments	25. Ventillation/Storage/Sufficient equips	ment 135 Vermin control	14 Inspection	s Enforcement
13. Reservice of food	25. Dishwashing ficilities			
ITEM NUMBERS	COMMENTS AS (continue of	ND INSTRUCTIONS in attached sheet)	A solvenia	en en
Calul	edorus and it	the June of	4-	Les
244/0	CANALLY CO. I	Time of	10p	1.0
- "				
		N.		NAME OF TAXABLE PARTY.
	The same of the same of		4 700	T 30/2

HEALTH DEPARTMENT INSPECTOR. _

COPY OF REPORT RECEIVED BY: _

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

ESTABLISHMENT/FAGILITY

STATE OF FLORIDA DEPARTMENT OF HEALTH

COUNTY HEALTH DEPARTMENT

FOOD SERVICE

INSPECTION REPORT



	1SE

ROLITINE

REINSPECTION

CONSTRUCT CHANGE OF OWNER

COMPLAINT CA SURVEY

CONSULTATION

CTHER.

CO OTHER

FRE

NAME OF ESTABLISHMENT _ MAGAIN LOLA	of 1ech. Cta. Sm. 115
ADDRESS 5780 NW 158 S+	_ CITY It col ease
OWNER MDPSB	ZIP 33019
PERSON IN CHARGE ACCUAL	PHONE 305-557-1100

	BEGIN	END			
i	1100	light.			
	1 00				
	2 05 A	2:05 AM			
	(3) (10 gy	3 10 PM			
	040:050	040:05			
	5:20	5020			
	6 25	6 25			
	7130	7:30			
	8 35	8:35			
	90 40	9:40			
П	10:45	10 45			
	31 50	11:50			
	12.55	12.55			



POSITION#						CE		
0	2	3		16			3	
0:	0	0	0	0		0	0	
do	d	di	do	d		cto	1	
2	(2)	2	2	2		2	2	
3	131	3	3	3		3	3	
4	O.	4	(4)	4		040	4	
5	5	5	50	5		5	5	
8	161	6	8	6		8	6	
7	(7)	7	d	7		2	7	
8	R	8	181	8		R	8	

		3	-	4	8	1	1	6	9	6	0
	0	0		0	0:		0:	0	.0.	0.0	:0
	cto	d		1	cto		cto	cto	d	cto	d
	2	2		2	2		2	2	2	2	12
	3	3	-	3	:3:		3:	(3)	3	3	13
	4	4		mbs	cdo		4	040	4	040	:4
	5	5		5	5		5	5	5	(5)	5
	8	6		8	6		6	6	8	(6)	16
	2	7		7	7		7	(Z)	(7)	(7.)	:7
	8	8		8	nûn		8	8	(8)	(8)	83
	9	(9)		9)	190	9	9	c9 0	(9)	191	19
- 5	Life.			-					100		

RTIFICATE NUMBER

RESULTS Satisfactory

Incomplete Unsatisfactory

Correct Violations by Next Inspection

	DATE	
0:0:	0.0	05
tich	did	06
(2)	212	07
13:	3 3	08
cito	4	- 09
(5)	15	= 10
161	6.	= 11
17	173	12
18:	18.	= 13
19:	191	14

thems marked behave violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without misking them corrections is a violation of Chapter 64E-11. Florida Administrative Code and Chapters 181, and 386. Florida Stations, 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.

1. Sources, etc.
FOOD PROTECTION
2. Stored temperature
3. No further cooking Bapid cooking
A. Thawing
5. Raw fruits

- o Pode cooking
- 7. Poultry cooking

FOOD SUPPLIES

- 8. Other animal cooking 9. Least contact/Reheating
- 10. Food container
- 11. Buffet requirements
- 12. Self-service condiments 13. Reservice of food

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

- 14. Specze mards
- 15. Transportation of food
- 16. Poisonous/Toxic materials

9 9 9 9 9

PERSONNEL

- 17. Exclusion of personnel
- D 18. Cleanliness
- 19. Tobacco use
- 20. Handwashing
- 21 Handling of dishware

EQUIPMENT/UTENSILS

26. Dishwashing facilities

- 22 Refrigeration facilities/Thermometers

- 23. Sinks
- 24. Ice storage/Counter-protector

- 27. Design and fabrication 28. Installation and location
- 29, Cleanliness of equipment
- 30. Methods of washing

SANITARY FACILITIES AND CONTROLS

- 31. Water supply
- 32. lcc
- 33. Sewage
- 34. Plumbing
- . 35. Toilet facilities
- 36. Handwashing facilities
- 37. Garbage disposal
- 25. Ventilation/Storage/Sufficient equipment . 38. Vennin control

OTHER FACILITIES

AND OPERATIONS

TYPE

- Hospital

☐ Nursing

Lounge Lounge

Civic

☐ Movie

School

Residen.

- Limited

Child

Ciber.

- Detention

39. Other facilities and operations

40. Temporary food service events

TEMPORARY FOOD

SERVICE EVENTS

VENDING MACHINES

41. Vending machines

MANAGER CERTIFICATION

42. Manager certification

CERTIFICATES AND FEES

3. Certificates and fees

INSPECTION/ENFORCEMENT

44. Inspection/Enforcement

TTEM NUMBERS COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR COPY OF REPORT RECEIVED BY:

ESTABLISHMENT/FACILITY