

**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**

NAME OF ESTABLISHMENT Miami Lakes Tech Ctr D/c
 ADDRESS 5780 NW 158th CITY Hialeah
 OWNER Miami Lakes Tech Ctr ZIP 33014
 PERSON IN CHARGE Mark Meyer PHONE 305-577-1100

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	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
245	330	03 26 10	02316	13-48-18112	
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Hospital
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Nursing
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Detention
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> Lounge
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> Civic
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> Movie
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> School
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> Residen.
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input checked="" type="checkbox"/> Child
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> Limited
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> Other
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	

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.

- | | | | |
|--|---|--|--|
| <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 checked="" type="checkbox"/> 29. Cleanliness of equipment | |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | <input type="checkbox"/> 30. Methods of washing | |
| <input type="checkbox"/> 5. Raw fruits | 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)
2	Clear food above stove.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 305-623-3100
 COPY OF REPORT RECEIVED BY: Mark Meyer DATE: 03/26/10
 DH Form 4023, 1/05 (Obsoletes Previous Editions) James Ware ESTABLISHMENT/FACILITY

**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**

NAME OF ESTABLISHMENT Miami Lakes Tech Ctr 5-2 HS
 ADDRESS 5780 NW 15th St CITY Hialeah
 OWNER HDPB ZIP 33014
 PERSON IN CHARGE Mark Mayzel 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	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
2:11	2:43	03/26/10	02316	13-48-16969	
1:00	1:00	0 0 0 0 05	0 0 0 0 0	0 0 0 0 0 0	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	1 1 1 1 06	1 1 1 1 1	1 1 1 1 1 1	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	2 2 2 2 07	2 2 2 2 2	2 2 2 2 2 2	<input type="checkbox"/> Detention
4:15	4:15	3 3 3 3 08	3 3 3 3 3	3 3 3 3 3 3	<input type="checkbox"/> Lounge
5:20	5:20	4 4 4 4 09	4 4 4 4 4	4 4 4 4 4 4	<input type="checkbox"/> Civic
6:25	6:25	5 5 5 5 10	5 5 5 5 5	5 5 5 5 5 5	<input type="checkbox"/> Movie
7:30	7:30	6 6 6 6 11	6 6 6 6 6	6 6 6 6 6 6	<input type="checkbox"/> School
8:35	8:35	7 7 7 7 12	7 7 7 7 7	7 7 7 7 7 7	<input type="checkbox"/> Residen.
9:40	9:40	8 8 8 8 13	8 8 8 8 8	8 8 8 8 8 8	<input type="checkbox"/> Child
10:45	10:45	9 9 9 9 14	9 9 9 9 9	9 9 9 9 9 9	<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Satisfactory at the time of inspection.</u>

HEALTH DEPARTMENT INSPECTOR: _____ PHONE: 305-623-8100
 COPY OF REPORT RECEIVED BY: Mark Mayzel DATE: 03/26/10
 DH Form 4023 (08) (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY

**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**

NAME OF ESTABLISHMENT Miami Lakes Tech Center
 ADDRESS 5780 NW 158 St CITY Hialeah
 OWNER Miami Lakes Tech Ctr ZIP 33014
 PERSON IN CHARGE Mark Moya 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	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	2:15	03/26/10	02316	13-48-99302	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM				<input type="checkbox"/> Nursing
3:10 PM	3:10 PM				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
7:30	7:30				<input type="checkbox"/> School
8:35	8:35				<input type="checkbox"/> Residen.
9:40	9:40				<input type="checkbox"/> Child
10:45	10:45				<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Satisfactory at the time of inspection.</u>

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 305 623-3100
 COPY OF REPORT RECEIVED BY: Mark Moya DATE: 03/26/10
 DH Form 4023, 2005 (Obsoletes Previous Editions)
 ESTABLISHMENT/FACILITY _____