

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

**TYPE:**

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other \_\_\_\_\_



**PURPOSE:**

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

NAME OF SCHOOL Miami Lakes Tech Center H.S.  
 ADDRESS 5780 NW 15th St CITY Hialeah  
 OWNER MPPSB ZIP 33016  
 PERSON IN CHARGE Mrs. Poutas PHONE 31215-1100

**CENSUS**  
 1000  
 2000  
 3000  
 100 (10) (1)  
 200 (20) (2)  
 300 (30) (3)  
 400 (40) (4)  
 500 (50) (5)  
 600 (60) (6)  
 700 (70) (7)  
 800 (80) (8)  
 900 (90) (9)  
**FEMALES**  
 700  
**MALES**  
 800

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END
1:00	2:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
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	
06	14
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

POSITION #	
023	16
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00
00	00

PERMIT NUMBER		
13	-	51
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00
00	00	00

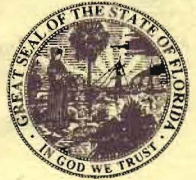
*As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
③	Replace water damaged ceiling tile in hallway by office
⑤	door opening around squatter in hallway

HEALTH DEPARTMENT INSPECTOR: James Paul PHONE: 301-623-3100  
 COPY OF REPORT RECEIVED BY: James Paul DATE: 06/14/10  
 DH 4030, 01/05 (Obsoletes Previous Editions) 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 Center  
 ADDRESS 5780 NW 158 St CITY Miami Lakes  
 OWNER HDPB ZIP 33014  
 PERSON IN CHARGE Mouk Moyal PHONE 305-557-1100

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
  - Next Inspection
  - 8:00 AM on:

BEGIN	END
8:00	9:00
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE				
06/14/10				
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 05
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 06
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 07
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 08
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 09
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 10
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 11
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 12
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 13
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 14

POSITION #					
02316					
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

CERTIFICATE NUMBER							
13-48-09302							
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE				
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 05
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 06
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 07
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 08
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 09
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 10
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 11
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 12
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 13
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 14
<input type="checkbox"/> OUT OF BUSINESS				

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.

<b>FOOD SUPPLIES</b>	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b>
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input checked="" type="checkbox"/> 39. Other facilities and operations
<b>FOOD PROTECTION</b>	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 2. Stored temperature	<b>PERSONNEL</b>	<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	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>
<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	<b>MANAGER CERTIFICATION</b>
<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	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 8. Other animal cooking	<b>EQUIPMENT/UTENSILS</b>	<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	<b>INSPECTION/ENFORCEMENT</b>
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input checked="" 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 the time of inspection.
(39)	Replace water damaged ceiling tile in kitchen next to kitchen.
(37)	Keep dumpster lid closed at all times behind kitchen area.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 305-633-1300

COPY OF REPORT RECEIVED BY: [Signature] DATE: 06/14/10

DH Form 4023, 1/05 (Obsoletes Previous Editions) James V. Kane  
ESTABLISHMENT/FACILITY

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
CHILD CARE, FAMILY DAY CARE FACILITY  
INSPECTION REPORT**

TYPE:

- 03 Child Care - No Food
- 04 Child Care - Snack Only
- 16 Child Care - Meals
- 05 Child Care - Limited Catered Meals
- 07 Family Day Care
- 31 Other Local



**PURPOSE:**

- ROUTINE  REINSPECTION
- CONSTRUCT  CHANGE OF OWNER
- COMPLAINT  CONSULTATION
- QI SURVEY  EPIDEMIOLOGY
- PREOPENING  OTHER \_\_\_\_\_

NAME OF FACILITY Miami Lakes Tech Center D/c  
 ADDRESS 5790 NW 15 St CITY Hialeah  
 OWNER MWSD ZIP 33014  
 PERSON IN CHARGE Mr. Pambon PHONE 31552-1100

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
0 0 0 0 0 05
1 1 1 1 1 06
2 2 2 2 2 07
3 3 3 3 3 08
4 4 4 4 4 09
5 5 5 5 5 10
6 6 6 6 6 11
7 7 7 7 7 12
8 8 8 8 8 13
9 9 9 9 9 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	CAPACITY
11:00	12:00	06/14/10	02316	13-51-03706	39
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 100
<input checked="" type="checkbox"/> 05	<input checked="" type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 200
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 07	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 300
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 08	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 400
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 09	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 500
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 10	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 600
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 11	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 700
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 12	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 800
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 13	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 900
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 14	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 1000
<input type="checkbox"/> 50	<input type="checkbox"/> 50				<b>NUMBER PRESENT</b>
<input type="checkbox"/> 55	<input type="checkbox"/> 55				12

*As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-11, 65C-22 and 65C-25 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the Results section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, 65C-22 and 65C-25, FAC, and Chapters 381, 386 and 402, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

FOOD	VERMIN/ANIMAL CONTROL	LIQUID & SOLID WASTE	SANITARY FACILITIES & DIAPER CHANGING	MISC.
<input type="checkbox"/> 1. Source/Wholesomeness	<input type="checkbox"/> 11. Screens	<input type="checkbox"/> 20. Approved System	<input type="checkbox"/> 30. Toilet/Bath Facilities	<input type="checkbox"/> 39. Other
<input type="checkbox"/> 2. Food Storage	<input type="checkbox"/> 12. Infestation	<input type="checkbox"/> 21. Operation	<input type="checkbox"/> 31. Potty Chair	<input type="checkbox"/> 40. Other
<input type="checkbox"/> 3. Equipment/Prep	<input type="checkbox"/> 13. Animal Safety & Health	<input type="checkbox"/> 22. Plumbing	<input type="checkbox"/> 32. Hygiene/Disease Control	<input type="checkbox"/> 41. Other
<input type="checkbox"/> 4. Sanitizing	<b>BEDS/BEDDING</b>	<input type="checkbox"/> 23. Collection/Storage/Disposal	<input type="checkbox"/> 33. Changing Station	
<input type="checkbox"/> 5. Handwash Sink	<input type="checkbox"/> 14. Maintenance	<b>HOUSING</b>	<input type="checkbox"/> 34. Handwash Sink	
<input type="checkbox"/> 6. Hot & Cold Water	<input type="checkbox"/> 15. Spacing	<input type="checkbox"/> 24. Construction/Repair	<input type="checkbox"/> 35. Sanitizer	
<input type="checkbox"/> 7. Temperatures	<b>WATER SUPPLY</b>	<input type="checkbox"/> 25. Lighting/Footcandles	<b>OUTDOOR AREA</b>	
<input type="checkbox"/> 8. 64E-11 - Other _____	<input type="checkbox"/> 16. Approved System	<input type="checkbox"/> 26. Heating	<input type="checkbox"/> 36. Litter, Debris	
<b>HOUSEKEEPING</b>	<input type="checkbox"/> 17. Bacteriological/Chemical	<input type="checkbox"/> 27. Ventilation/Cooling	<input type="checkbox"/> 37. Equipment/Fence	
<input type="checkbox"/> 9. Cleaning	<input type="checkbox"/> 18. Operation	<input type="checkbox"/> 28. Cleanable Surfaces	<input type="checkbox"/> 38. Other _____	
<input type="checkbox"/> 10. Toxic Substances	<input type="checkbox"/> 19. Drinking Fountain	<input type="checkbox"/> 29. Product & Equip. Safety		

**Actual Temperatures**  
75°

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory at the time of inspection

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 301-623-3100

COPY OF REPORT RECEIVED BY: [Signature] DATE: 06/14/10

DH 4031, 01/05 (Obsoletes Previous Editions)  
[Signature]  
 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 Truie Corda P/c  
 ADDRESS 5780 NW 158th CITY Atlanta  
 OWNER NBPB ZIP 33014  
 PERSON IN CHARGE Mark Mayel 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
10:00	11:00	06/14/10	02316	13-48-16112	
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10	<input type="checkbox"/> 11
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 09	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	
<input type="checkbox"/> 08	<input type="checkbox"/> 08				
<input type="checkbox"/> 09	<input type="checkbox"/> 09				
<input type="checkbox"/> 10	<input type="checkbox"/> 10				
<input type="checkbox"/> 11	<input type="checkbox"/> 11				
<input type="checkbox"/> 12	<input type="checkbox"/> 12				

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	<b>OTHER FACILITIES AND OPERATIONS</b>
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 4. Thawing	<b>PERSONNEL</b>	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<b>MANAGER CERTIFICATION</b>
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 10. Food container	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	<b>INSPECTION/ENFORCEMENT</b>
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<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)
	<u>Satisfactory at the time of inspection</u>

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 301-623-3500  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 06/14/10  
 DH Form 4023, 1/05 (Obsoletes Previous Editions) James Star  
 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 Trd. Ed. H.S.  
 ADDRESS 5780 NW 158 St CITY Hialeah  
 OWNER MOPSB ZIP 33014  
 PERSON IN CHARGE Maul Moyd. PHONE 305-552-1100

**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
7:00	1:00	06/14/10	02316	13-48-16969	<input checked="" type="checkbox"/> School
1:00	1:00				<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"/> Residen.
8:35	8:35				<input type="checkbox"/> Child
9:40	9:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
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    | <b>OTHER FACILITIES</b>                                      |
| <input type="checkbox"/> 2. Stored temperature               | <input type="checkbox"/> 15. Transportation of food                   | <input type="checkbox"/> 28. Installation and location | <b>AND OPERATIONS</b>  |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <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"/> 4. Thawing                          | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing        | <b>TEMPORARY FOOD</b>  |
| <input type="checkbox"/> 5. Raw fruits                       | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES</b>                             | <b>SERVICE EVENTS</b>  |
| <input type="checkbox"/> 6. Pork cooking                     | <input type="checkbox"/> 18. Cleanliness                              | <b>AND CONTROLS</b>                                    | <input type="checkbox"/> 40. Temporary food service events   |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 19. Tobacco use                              | <input type="checkbox"/> 31. Water supply              | <b>VENDING MACHINES</b>                                      |
| <input type="checkbox"/> 8. Other animal cooking             | <input type="checkbox"/> 20. Handwashing                              | <input type="checkbox"/> 32. Ice                       | <input type="checkbox"/> 41. Vending machines                |
| <input type="checkbox"/> 9. Least contact/Reheating          | <input type="checkbox"/> 21. Handling of dishware                     | <input type="checkbox"/> 33. Sewage                    | <b>MANAGER CERTIFICATION</b>                                 |
| <input type="checkbox"/> 10. Food container                  | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 34. Plumbing                  | <input type="checkbox"/> 42. Manager certification           |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 35. Toilet facilities         | <b>CERTIFICATES AND FEES</b>                                 |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 36. Handwashing facilities    | <input type="checkbox"/> 43. Certificates and fees           |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 24. Ice storage/Counter-protector            | <input type="checkbox"/> 37. Garbage disposal          | <b>INSPECTION/ENFORCEMENT</b>                                |
|  | <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: James Paul PHONE: 305-622-3120  
 COPY OF REPORT RECEIVED BY: Maul Moyd DATE: 06/19/10  
 DH Form 4023, 1/05 (Obsoletes Previous Editions) **ESTABLISHMENT/FACILITY**

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



PURPOSE:

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

TYPE:

- Private School
Public School
Charter School
Vocational School
College/University
Other

NAME OF SCHOOL: Miami Lakes Tech Center
ADDRESS: 5780 NW 158 St CITY: Hialeah
OWNER: NPPSD ZIP: 33014
PERSON IN CHARGE: Non-Parker PHONE: 312-1100

CENSUS: 600
1000
2000
3000
4000
5000
6000
7000
8000
9000
FEMALES: 210
MALES: 312

RESULTS:
Satisfactory
Incomplete
Unsatisfactory
Correct Violations by
Next Inspection
8:00 AM on:
DATE: 05, 06, 07, 08, 09, 10, 11, 12, 13, 14
OUT OF BUSINESS

Table with columns: BEGIN, END, DATE, POSITION #, PERMIT NUMBER. Includes time slots from 1:00 to 12:55 and permit number 12-51-08169.

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above.

SCHOOL SANITATION, BUILDINGS, SANITARY FACILITIES, WATER SUPPLY, LIQUID/SOLID WASTE, VECTOR/VERMIN CONTROL, SAFETY, FOOD, OTHER. Includes checkboxes for items like School Site, Handwash Facilities, Sewage Disposal, etc.

Table with columns: ITEM NUMBERS, COMMENTS AND INSTRUCTIONS. Includes handwritten notes and a signature.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: [Number]
COPY OF REPORT RECEIVED BY: [Signature] DATE: 06/14/10
DH 4030, 01/05 (Obsoletes Previous Editions) ESTABLISHMENT/FACILITY