

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



**PURPOSE:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> ROUTINE    | <input checked="" 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 Miami  
 OWNER DC SB ZIP 33104  
 PERSON IN CHARGE James Parker PHONE \_\_\_\_\_

**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
8:30 AM	9:00 AM	02/11/13	17430	13-48-09302	<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"/> 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.*

- |  |   |  |  |
|--|---|--|--|
| <b>FOOD SUPPLIES</b>   | <input type="checkbox"/> 14. Sneeze guards                            | <input type="checkbox"/> 27. Design and fabrication    | <b>OTHER FACILITIES</b>                                      |
| <input type="checkbox"/> 1. Sources, etc.                    | <input type="checkbox"/> 15. Transportation of food                   | <input type="checkbox"/> 28. Installation and location | <b>AND OPERATIONS</b>  |
| <b>FOOD PROTECTION</b>                                       | <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               | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing        | <b>TEMPORARY FOOD</b>  |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES</b>                             | <b>SERVICE EVENTS</b>  |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 18. Cleanliness                              | <b>AND CONTROLS</b>                                    | <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              | <b>VENDING MACHINES</b>                                      |
| <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                    | <b>MANAGER CERTIFICATION</b>                                 |
| <input type="checkbox"/> 8. Other animal cooking             | <b>EQUIPMENT/UTENSILS</b>   | <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         | <b>CERTIFICATES AND FEES</b>                                 |
| <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          | <b>INSPECTION/ENFORCEMENT</b>                                |
| <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)
	Satisfactory Inspection

HEALTH DEPARTMENT INSPECTOR: James V. Parker PHONE: (305) 623-3500  
 COPY OF REPORT RECEIVED BY: James V. Parker DATE: 2/11/13  
 DH Form 4023, 1/05 (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. Bakery Food Lab.  
**ADDRESS** 5730 NW 158 St.      **CITY** Miami  
**OWNER** DCSB      **ZIP** 33014  
**PERSON IN CHARGE** James Parker      **PHONE** (305) 557-4940

**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
8:00 A	5:00 P	02/11/13	27430	13-48-18676	<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
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<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"/> 00
<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"/> 00
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory Inspection

**HEALTH DEPARTMENT INSPECTOR:** James V. Parker      **PHONE:** (305) 623-3500  
**COPY OF REPORT RECEIVED BY:** James V. Parker      **DATE:** 2/11/13  
**ESTABLISHMENT/FACILITY** \_\_\_\_\_