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



1 of 2

#### **Facility Information**

Permit Number: 13-48-18416

Name of Facility: South Dade Middle School

Address: 29100 SW 194 Avenue City, Zip: Homestead 33030

Type: School (more than 9 months) Owner: M-DCSB Food and Nutrition

Person In Charge: Tara Pearson Phone: 3052245200

# Inspection Information

Purpose: Routine Begin Time: 11:00 AM Inspection Date: 9/30/2016 End Time: 12:00 PM

# **Additional Information**

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**

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

**RESULT: Satisfactory** 

Re-Inspection Date: None

Correct By: None

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**

Satisfactory

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Email Address(es): tpearson3@dadeschools.net;

jargilagos4@dadeschools.net;

ileana.hernandez@dadeschools.net

**Inspector Signature:** 

**Client Signature:** 

Form Number: DH 4023 01/05 13-48-18416 South Dade Middle School

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## **Violations Comments**

No Violation Comments Available

Inspection Conducted By: Shelly-Ann Welch (69728)

Inspector Contact Number: Work: (305) 623-3500 ex. 23622

Print Client Name: ms. Argilagos

Date: 9/30/2016

Inspector Signature:

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Client Signature:

Form Number: DH 4023 01/05 13-48-18416 South Dade Middle School