

**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 JOE Hall ELEM.
ADDRESS 1901 SW. 134 AVE **CITY** Miami
OWNER MDCBS. **ZIP** 33175
PERSON IN CHARGE Jana Rotas Mgr. **PHONE** 305 223 9828

RESULTS

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

BEGIN	END
00	00
05 AM	05 AM
10 PM	10 PM
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE
09 15 09
00 00 00 05
00 00 00 06
00 00 00 07
00 00 00 08
00 00 00 09
00 00 00 10
00 00 00 11
00 00 00 12
00 00 00 13
00 00 00 14

POSITION #
13809
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
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00 00 00 00

CERTIFICATE NUMBER
13-48-06730
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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
00 00 00 05
00 00 00 06
00 00 00 07
00 00 00 08
00 00 00 09
00 00 00 10
00 00 00 11
00 00 00 12
00 00 00 13
00 00 00 14

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.

<p>FOOD SUPPLIES</p> <p><input checked="" type="checkbox"/> 1. Sources, etc.</p> <p>FOOD PROTECTION</p> <p><input type="checkbox"/> 2. Stored temperature</p> <p><input type="checkbox"/> 3. No further cooking/Rapid cooling</p> <p><input type="checkbox"/> 4. Thawing</p> <p><input type="checkbox"/> 5. Raw fruits</p> <p><input type="checkbox"/> 6. Pork cooking</p> <p><input type="checkbox"/> 7. Poultry cooking</p> <p><input type="checkbox"/> 8. Other animal cooking</p> <p><input type="checkbox"/> 9. Least contact/Reheating</p> <p><input type="checkbox"/> 10. Food container</p> <p><input type="checkbox"/> 11. Buffet requirements</p> <p><input type="checkbox"/> 12. Self-service condiments</p> <p><input type="checkbox"/> 13. Reservice of food</p>	<p><input type="checkbox"/> 14. Sneeze guards</p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/Toxic materials</p> <p>PERSONNEL</p> <p><input type="checkbox"/> 17. Exclusion of personnel</p> <p><input type="checkbox"/> 18. Cleanliness</p> <p><input type="checkbox"/> 19. Tobacco use</p> <p><input type="checkbox"/> 20. Handwashing</p> <p><input type="checkbox"/> 21. Handling of dishware</p> <p>EQUIPMENT/UTENSILS</p> <p><input type="checkbox"/> 22. Refrigeration facilities/Thermometers</p> <p><input type="checkbox"/> 23. Sinks</p> <p><input type="checkbox"/> 24. Ice storage/Counter-protector</p> <p><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment</p> <p><input type="checkbox"/> 26. Dishwashing facilities</p>	<p><input checked="" type="checkbox"/> 27. Design and fabrication</p> <p><input type="checkbox"/> 28. Installation and location</p> <p><input type="checkbox"/> 29. Cleanliness of equipment</p> <p><input type="checkbox"/> 30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p><input type="checkbox"/> 31. Water supply <u>M/D</u></p> <p><input type="checkbox"/> 32. Ice</p> <p><input type="checkbox"/> 33. Sewage <u>M/D</u></p> <p><input type="checkbox"/> 34. Plumbing</p> <p><input type="checkbox"/> 35. Toilet facilities</p> <p><input type="checkbox"/> 36. Handwashing facilities</p> <p><input type="checkbox"/> 37. Garbage disposal</p> <p><input type="checkbox"/> 38. Vermin control</p>	<p>OTHER FACILITIES AND OPERATIONS</p> <p><input checked="" type="checkbox"/> 39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS</p> <p><input type="checkbox"/> 40. Temporary food service events</p> <p>VENDING MACHINES</p> <p><input type="checkbox"/> 41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p><input type="checkbox"/> 42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p><input type="checkbox"/> 43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p><input type="checkbox"/> 44. Inspection/Enforcement</p>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
27	Repair Refrigerator. Work Order H-743211 (9-1-09)
27	Replace Ice machine. Work Order H-738-150 (8-17-09)
27	Repair Refrigerator under services lines (to be replaced)
27	Paint box cooler Freezer (Kove Machine)
39	Replace light bulb in Freezer and Hood. (light ordered 9-10-09)

HEALTH DEPARTMENT INSPECTOR: Gulys Bacalowski PHONE: 305 668 1142
COPY OF REPORT RECEIVED BY: Anthony Allen DATE: 9-15-09