

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



FOOD SERVICE
INSPECTION REPORT

PURPOSE:

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

NAME OF ESTABLISHMENT Miami Killian Sen. High School
 ADDRESS 10655 SW 97 AVE CITY MIAMI
 OWNER MDCPS ZIP 33176
 PERSON IN CHARGE Ciro Hidalgo PHONE (305) 271 3311

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	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:30	11:00	12/14/10	67699	13-48-09294	School
00	00	05	00	00	Hospital
01	01	06	00	00	Nursing
02	02	07	00	00	Detention
03	03	08	00	00	Lounge
04	04	09	00	00	Civic
05	05	10	00	00	Movie
06	06	11	00	00	Residen.
07	07	12	00	00	Child
08	08	13	00	00	Limited
09	09	14	00	00	Other

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

ITEM NUMBERS COMMENTS AND INSTRUCTIONS
 (continue on attached sheet)

38 Main violation noted in yesterday's inspection was corrected. Hot running water is available in all the kitchen's sinks. Repair or replace the out of order air curtain (fly fan) above the kitchen's back door.

HEALTH DEPARTMENT INSPECTOR: Oswaldo Sampe PHONE: (305) 668 7243
 COPY OF REPORT RECEIVED BY: X C. Hidalgo DATE: 12/14/2010

1 of 2

2

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



FOOD SERVICE
INSPECTION REPORT

PURPOSE:

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

RESULTS

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

NAME OF ESTABLISHMENT Miami Killian Senior High School
 ADDRESS 10655 SW 97 AVE CITY MIAMI
 OWNER MDCPS ZIP 33176
 PERSON IN CHARGE Ciro Hidalgo PHONE (305) 271-3311

BEGIN	END
10:30	11:45
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
12/13/10
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
67699
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

CERTIFICATE NUMBER
13-48-09294
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

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
12/14/10
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<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 384, 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 type="checkbox"/> 29. Cleanliness of equipment | |
| <input type="checkbox"/> 4. Thawing | PERSONNEL | <input checked="" type="checkbox"/> 30. Methods of washing | |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 17. Exclusion of 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 checked="" type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 9. Least contact-Reheating | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | MANAGER CERTIFICATION |
| <input type="checkbox"/> 10. Food container | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input checked="" type="checkbox"/> 36. Handwashing facilities | CERTIFICATES AND FEES |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 23. Sinks | <input checked="" type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input checked="" type="checkbox"/> 38. Vermin control | INSPECTION/ENFORCEMENT |
| | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | <input type="checkbox"/> 44. Inspection/Enforcement |
| | <input checked="" type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS: 20-26-30-36

COMMENTS AND INSTRUCTIONS (continue on attached sheet)

Provide hot running water for all the kitchen's sinks. No food preparation or ware washing allowed until hot water is provided. If hot running water is not restored at closing business time today the school shall make arrangements in order to have the food prepared elsewhere (in an approved food service) and the facility must provide disposable eating

HEALTH DEPARTMENT INSPECTOR: Oswaldo S. Lopez PHONE: (305) 6687243

COPY OF REPORT RECEIVED BY: [Signature] DATE: 12/13/2010

2 of 2

3



Estb. No: 13-48-09294

STATE OF FLORIDA
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Miami Killian Senior High School
10655 SW 97 AVE.

COMMENTS AND INSTRUCTION:

utensils. Arrangements shall also be made to have the food serving
utensils and food containers, washed and sanitized elsewhere (if not
disposables).

38 - Repair or replace the out of order air curtain (fly fan)
above the kitchen's back door.

37-38 Keep the garbage dumpsters lids closed at all times.
Reinspection will be conducted tomorrow as per phone call.

Copy of Inspection Report Received by:

[Signature]

Health Department Inspector:

Nivaldo Sampaio

Date:

12/13/2010

1 of 2

4

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 Killian Sen. High Sch. Annex
 ADDRESS 10655 SW 97 AVE CITY MIAMI
 OWNER MDCPS ZIP 33176
 PERSON IN CHARGE Ciro Hidalgo PHONE (805) 2713311

RESULTS

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

BEGIN	END
11:55	1:00
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
12/13/10
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
67699
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

CERTIFICATE NUMBER
13-48-18128
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

- TYPE
- Hospital
 - Nursing
 - Detention
 - Lounge
 - Civic
 - Movie
 - School
 - Resident
 - Child
 - Limited
 - Other

DATE
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<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 |
| FOOD PROTECTION | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | <input checked="" type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 3. No further cooking-Rapid cooling | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS | VENDING MACHINES |
| <input type="checkbox"/> 5. Raw meats | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | MANAGER CERTIFICATION |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | CERTIFICATES AND FEES |
| <input type="checkbox"/> 9. Least contact Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 10. Food containers | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input checked="" type="checkbox"/> 36. Handwashing facilities | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input checked="" type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input checked="" type="checkbox"/> 38. Vermin control | |
| <input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS: 37-38

COMMENTS AND INSTRUCTIONS (continue on attached sheet):
 Remove and dispose in an appropriate way several garbage bags and cardboard boxes lying on the floor in the garbage dumpsters area. All dumpsters are overflowing with garbage bags and the lids cannot be closed. The garbage has not been picked up since last Friday and the school administration contacted plan operations over

HEALTH DEPARTMENT INSPECTOR: Oswaldo Sampaio PHONE: (305) 6687243
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 12/13/2010

2 of 2



5
Estb. No.: 13-48-18128

STATE OF FLORIDA
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Miami Killian Sen. High Sch. Annex
10655 SW 97 AVE

COMMENTS AND INSTRUCTION:

- The phone 2 times since this morning.
- 36 - Provide hot and cold running water for the handwashing sink by the east side of the serving line.
- 39. Clean dust buildup on the A/C vent near the door of the walk-in refrigerator.
- 38 - Repair or replace out of order air curtain (fly fan) above one of the cafeteria doors. (east side door).

Copy of Inspection Report Received by:

[Signature]

Health Department Inspector:

Oswaldo Sampa

Date:

12/13/2010

6

**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 Killian Sr. High Annex 2nd food service
 ADDRESS 10655 SW 97 AVE CITY MIAMI
 OWNER MDCPS ZIP 33176
 PERSON IN CHARGE Ciro Hidalgo PHONE (305) 271 3311

BEGIN	END
105	130
12:00	1:00
2:00 AM	2:05 AM
3:10 AM	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
12/13/10
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 #
67699
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

CERTIFICATE NUMBER
13-48-
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

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

1274961

RESULTS

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

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> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Sources, etc. <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/Reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reserve of food 	<ul style="list-style-type: none"> <input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous-Toxic materials <p>PERSONNEL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 22. Refrigeration facilities Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter-protector <input type="checkbox"/> 25. Ventilation Storage Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities 	<ul style="list-style-type: none"> <input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control 	<p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/Enforcement
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ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Satisfactory

HEALTH DEPARTMENT INSPECTOR

Osvaldo Saucy

PHONE

(305) 668 7247

COPIES OF REPORT RECEIVED BY

[Signature]

DATE

12/13/2010