

**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 Senior High
 ADDRESS 10655 SW 97 AVE CITY MIA MI
 OWNER HDCPS 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
00-00-00-00-05
1-1-1-1-06
2-2-2-2-07
3-3-3-3-08
4-4-4-4-09
5-5-5-5-10
6-6-6-6-11
7-7-7-7-12
8-8-8-8-13
9-9-9-9-14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
12:05	1:15	09/16/09	67679	13-48-09294	<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

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 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 fruits | <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 container | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input 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 type="checkbox"/> 38. Vermin control | |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
39	Clean the kitchen's fans (3) - (wall fans)
39	Clean the A/C vent of the employees bathroom and the vent near the walk-in freezer

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: (305) 668 7243
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 09/16/2009

DH Form 4023, 1/05 (Obsoletes Previous Editions)

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

RESULTS

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

NAME OF ESTABLISHMENT Miami Killian Senior High Sch. Annex
 ADDRESS 10655 SW 97 AVE CITY MIAMI
 OWNER MDCPS ZIP 33176
 PERSON IN CHARGE Ciro Hidalgo PHONE (305) 2713311

BEGIN	END
125	230
00	00
05 AM	05 AM
10	10
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE
09/16/09
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14

POSITION #
67699
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14

CERTIFICATE NUMBER
13-48-18178
00
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14

- TYPE**
- Hospital
 - Nursing
 - Detention
 - Lounge
 - Civic
 - Movie
 - School
 - Residen.
 - Child
 - Limited
 - Other

DATE
00
01
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09
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12
13
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 581, and 586, 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 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 | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | VENDING MACHINES |
| <input type="checkbox"/> 8. Other animal cooking | <input 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 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. Reserve of food | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control | INSPECTION/ENFORCEMENT |
| | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | <input type="checkbox"/> 44. Inspection/Enforcement |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
37-38	Replace one leaking (6yds) garbage dumpster.
39-38	Vermin proof the ceiling of the dry storage room. There is an opening around a A/C hose that at present is cover with blue tape.

HEALTH DEPARTMENT INSPECTOR: Agustado Sauber PHONE: (305) 6687243
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 09/16/2009
 DH Form 4023, 1/05 (Obsoletes Previous Editions)