

**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 Ctr Sr. HS vending machine
 ADDRESS 5780 NW 158th St CITY Miami Lakes
 OWNER MDCPS ZIP 33014
 PERSON IN CHARGE Libby Robertson PHONE 305)557-1100 X2811

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:30 A	10:50 A	120214	31113	13-48-	
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Hospital
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> Nursing
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> Detention
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> Lounge
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> Civic
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> Movie
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> Residen.
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> Child
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> Limited
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> Other
<input type="checkbox"/> 55	<input type="checkbox"/> 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.

<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	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	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 type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
22	Provide an inside thermometer for vending machine (corrected)

HEALTH DEPARTMENT INSPECTOR: Adrianna Julian PHONE: 305-623-3500
 COPY OF REPORT RECEIVED BY: J. K. Health DATE: 12/2/14

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Miami Lakes Tech Ctr. Sr HS
 ADDRESS 5780 NW 158 St CITY Miami Lakes
 OWNER MDC PS ZIP 33014
 PERSON IN CHARGE Libby Robertson PHONE (305) 557-1100 X2011

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
10:00A	10:30A	120214	31113	13-48-16969	<input checked="" type="checkbox"/> School
1-00	1-00	0-0-0-0-05	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Hospital
2-05 AM	2-05 AM	0-0-0-0-06	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Nursing
3-10 PM	3-10 PM	0-0-0-0-07	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Detention
4-15	4-15	0-0-0-0-08	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Lounge
5-20	5-20	0-0-0-0-09	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Civic
6-25	6-25	0-0-0-0-10	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Movie
7-30	7-30	0-0-0-0-11	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Residen.
8-35	8-35	0-0-0-0-12	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Child
9-40	9-40	0-0-0-0-13	0-0-0-0-0	0-0-0-0-0	<input type="checkbox"/> Limited
10-45	10-45	0-0-0-0-14	0-0-0-0-0	0-0-0-0-0	<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.

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<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	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 type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 10. Food container	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	
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	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

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

HEALTH DEPARTMENT INSPECTOR: Natassa Julien PHONE: 305-623-3500
 COPY OF REPORT RECEIVED BY: J. A. Herlitz DATE: 12/02/14
 DH Form 4023, 1/05 (Obsoletes Previous Editions)