

FOOD SERVICE

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

Geocoded 25.713206/-80.406330

PURPOSE:

ROUTINE REINSPECTION **TYPE: School Cafeteria (more than 9 months)**
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QASURVEY EPIDEMIOLOGY (use other)
 OTHER _____



RESULTS:

Satisfactory
 Incomplete
 Unsatisfactory
OUT OF BUSINESS
Correct Violations by
 Next Inspection
 8:00 AM on

NAME Howard D. McMillian Middle School
ADDRESS 13100 SW 59 Street **CITY** Kendall
OWNER M-DCSB **ZIP** 33183
PERSON IN CHARGE David Loughlin **PHONE** (305) 385-6877
EMAIL dloughlin@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
13:45	14:45	12/06/2012	67699	13-48-09052

RE-INSPECTION DATE

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> <ol style="list-style-type: none"> 1. Sources etc. | <ol style="list-style-type: none"> 14. Sneeze guards 15. Transportation of food 16. Poisonous/toxic materials | <ol style="list-style-type: none"> 27. Design and fabrication 28. Installation and location 29. Cleanliness of equipment 30. Methods of washing | <p>OTHER FACILITIES AND OPERATIONS</p> <ol style="list-style-type: none"> 39. Other facilities and operations |
| <p>FOOD PROTECTION</p> <ol style="list-style-type: none"> 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 | <p>PERSONNEL</p> <ol style="list-style-type: none"> 17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware | <p>SANITARY FACILITIES AND CONTROLS</p> <ol style="list-style-type: none"> 31. Water supply 32. Ice 33. Sewage 34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control | <p>TEMPORARY FOOD SERVICE EVENTS</p> <ol style="list-style-type: none"> 40. Temporary food service events |
| | <p>EQUIPMENT/UTENSILS</p> <ol style="list-style-type: none"> 22. Refrigeration facilities/Therm. 23. Sinks 24. Ice storage/counter-protector 25. Ventilation/Storage/Sufficient equip. 26. Dishwashing facilities | | <p>VENDING MACHINES</p> <ol style="list-style-type: none"> 41. Vending machines |
| | | | <p>MANAGER CERTIFICATION</p> <ol style="list-style-type: none"> 42. Manager certification |
| | | | <p>CERTIFICATES AND FEES</p> <ol style="list-style-type: none"> 43. Certificates and fees |
| | | | <p>INSPECTION/ENFORCEMENT</p> <ol style="list-style-type: none"> 44. Inspection/Enforcement |

COMMENTS AND INSTRUCTIONS

Violations noted in the previous inspection were corrected

*** No violations were observed during this inspection ***

INSPECTION CONDUCTED BY: Oswaldo Samper
 INSPECTION COND SIGNATURE:
 COPY OF REPORT RECEIVED BY:

PHONE: (305) 623-3500
 FAX #: _____
 DATE: 12/6/2012

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Food Establishment



Name: Howard D. McMillian Middle School

Date: 12/06/2012

Identification No: 13-48-09052

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Osvaldo Samper

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