

FOOD SERVICE

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

Geocoded 25.713206/-80.406330

PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QASURVEY EPIDEMIOLOGY (use other)
 OTHER _____

TYPE: School (more than 9 months)



RESULTS:

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

NAME Howard D. McMillan 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
10:30	11:15	08/23/2013	67699	13-48-09052


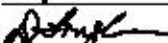
RE-INSPECTION DATE

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

COMMENTS AND INSTRUCTIONS

Violations noted in yesterday's inspection were corrected. The re-inspection is satisfactory.

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

PHONE: (305) 623-3500
 FAX #: _____
 DATE: 8/23/2013

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



Name: Howard D. McMillan Middle School

Date: 08/23/2013

Identification No: 13-48-09052

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Osvaldo Samper

Page 2