

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
- QA SURVEY
- 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. McMillian Middle Sch.

ADDRESS 13100 SW 59 Street **CITY** Kendall

OWNER M-DCSB Food and Nutrition **ZIP** 33183

PERSON IN CHARGE Hilcka Thomas/Irma Gomez **PHONE** (305) 385-6875

EMAIL isusanagomez@dadeschools.net; hthomas@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
10:40	11:15	04/16/2015	82515	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>14. Sneeze guards</p> <p>15. Transportation of food</p> <p>16. Poisonous/toxic materials</p>	<p><input checked="" type="checkbox"/> 27. Design and fabrication</p> <p>28. Installation and location</p> <p>29. Cleanliness of equipment</p> <p>30. Methods of washing</p>	<p>OTHER FACILITIES AND OPERATIONS</p> <p>39. Other facilities and operations</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>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>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>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

Violation #27 Replace broken leg for service table in the service line. (Same violation from the last inspection)
 Code Reference FAC: Designed. 64E-11.006(2). All equipment will be the proper design and fabrication.

INSPECTION CONDUCTED BY: Maria Adrover

INSPECTION COND SIGNATURE: *Maria Adrover*

COPY OF REPORT RECEIVED BY: *Hilcka Thomas*

PHONE: (305) 623-3500 ex.

PHONE 2: (305) 623-3500 ex.

DATE: 4/16/2015

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



Name: Howard D. McMillian Middle Sch.

Date: 04/16/2015

Identification No: 13-48-09052

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Maria Adrover

Page 2