

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

Geocoded 25.917274/-80.231158

PURPOSE:

- ROUTINE REINSPECTION **TYPE: School (more than 9 months)**
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY (use other)
 OTHER



RESULTS:

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

NAME North Dade Middle
ADDRESS 1840 NW 157 Street **CITY** Miami
OWNER Miami Dade County Public Schools **ZIP** 33056
PERSON IN CHARGE Angela Barr **PHONE** (305) 430-2339
EMAIL tdaly-barnes@dadeschools.net; abarr1@dadeschools.net; dillardts@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
10:15	11:00	05/19/2014	69728	13-48-1456877

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.

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

COMMENTS AND INSTRUCTIONS

Violation #22 Repair refrigerator to back left corner of kitchen reading 60 F at time of inspection.
Code Reference FAC: Refrigerators. 64E-11.006(1),(1)(a). There will be sufficient, working refrigerators. Each refrigerator will have a working thermometer.

Violation #39 Clean and sanitize handwashing sinks throughout kitchen.
Code Reference FAC: Other Facilities. 64E-11.08. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarters shall open to the facility. No live animals. Exterior area shall be kept clean.

INSPECTION CONDUCTED BY: Shelly-Ann Welch
 INSPECTION COND SIGNATURE: *Shelly-Ann Welch*
 COPY OF REPORT RECEIVED BY: *Adrian P. Torres D. Hillard*

PHONE: (305) 623-3500 ex. 23622
 PHONE 2: (305) 623-3500 ex. 23622
 DATE: 5/19/2014

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



Name: North Dade Middle

Date: 05/19/2014

Identification No: 13-48-1456877

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Shelly-Ann Welch

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