

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

Geocoded 25.792901/-80.198352

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 Phillis Wheatley Elem.
ADDRESS 1801 NW 1 Place **CITY** Miami
OWNER M-DCSB Food and Nutrition **ZIP** 33136
PERSON IN CHARGE Theresa Mckenzie **PHONE** (305) 573-6550
EMAIL tmckenzie@dadeschools.net; mikelazo@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
11:15	11:45	04/29/2014	32763	13-48-14800	

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.

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

COMMENTS AND INSTRUCTIONS

Violation #39 Replace burnt out light in hood system. Replace/secure metal siding on door to top right oven.
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: Christine OliverPHONE: (305) 623-3500 ex. 23422INSPECTION COND SIGNATURE: PHONE 2: (305) 623-3500 ex. 23422COPY OF REPORT RECEIVED BY: DATE: 4/29/2014

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



Name: Phillis Wheatley Elem.

Date: 04/29/2014

Identification No: 13-48-14800

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Christine Oliver

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