

# FOOD SERVICE

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

Geocoded 25.692561/-80.446167

**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** Dante B. Fascell Elementary School  
**ADDRESS** 15625 SW 80 Street      **CITY** Miami  
**OWNER** M-DCSB      **ZIP** 33193  
**PERSON IN CHARGE** Erika Martinez      **PHONE** 305-380-1901  
**EMAIL** breeding@dadeschools.net;emart@dadeschools.net;yjimenez@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
12:55	14:00	04/10/2014	67699	13-48-04789

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><b>FOOD SUPPLIES</b></p> <p>1. Sources etc.</p>  | <p>14. Sneeze guards</p> <p>15. Transportation of food</p>   | <p>27. Design and fabrication</p> <p>28. Installation and location</p>   | <p><b>OTHER FACILITIES AND OPERATIONS</b></p> <p>39. Other facilities and operations</p> |
| <p><b>FOOD PROTECTION</b></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><b>PERSONNEL</b></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><b>SANITARY FACILITIES AND CONTROLS</b></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><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <p>40. Temporary food service events</p>     |
|   | <p><b>EQUIPMENT/UTENSILS</b></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><b>VENDING MACHINES</b></p> <p>41. Vending machines</p>                               |
|   |  |  | <p><b>MANAGER CERTIFICATION</b></p> <p>42. Manager certification</p>                     |
|   |  |  | <p><b>CERTIFICATES AND FEES</b></p> <p>43. Certificates and fees</p>                     |
|   |  |  | <p><b>INSPECTION/ENFORCEMENT</b></p> <p>44. Inspection/Enforcement</p>                   |

**COMMENTS AND INSTRUCTIONS**

\*\*\* 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: 4/10/2014

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



Name: Dante B. Fascell Elementary School

Date: 04/10/2014

Identification No: 13-48-04789

**Comments and Instructions (Continued from Page 1):**

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Received By:

Inspector Osvaldo Samper

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