



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



Facility Information Section

Satisfactory

Permit Number: 13-48-04789
Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition
Person In Charge: Margaret Ferrarone Phone: (305) 380-1901
Name of Facility: Dante B. Fascell Elem
Address: 15625 SW 80 Street
City, Zip: Miami 33193

Inspection Results Information Section

Purpose: Routine
Inspection Date: 9/20/2016
Begin Time: 10:00 AM
End Time: 10:45 AM
Correct By: None
Re-Inspection Date: None

Additional Information Section

No Additional Information Available

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.

Violation Markings Section

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

General Comments Section

The inspection is satisfactory.

Inspector Signature:

[Signature]

Client Signature:

[Signature]



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Violations Comments Section

No Violation Comments Available

Inspection Conducted By: Osvaldo Samper (67699)
Phone: (305) 623-3500
Received By: Signed
Date: 9/20/2016

Inspector Signature:

A handwritten signature in black ink, appearing to be "Osvaldo Samper".

Client Signature:

A handwritten signature in black ink, consisting of a wavy line.

Form Number: DH 4023 01/05