

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

Geocoded 25.721016/-80.305559

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 South Miami Senior High School
ADDRESS 6856 SW 53 Street CITY South Miami
OWNER M-DCSB ZIP 33155
PERSON IN CHARGE Clinton Neilly II PHONE (305) 666-5871
EMAIL CNEILLY2@dadeschools.net;rmorin@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:30	12:30	10/17/2014	67699	13-48-12908

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.

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. Reserve 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/Therm
 23. Sinks
 24. Ice storage/counter-protector
 25. Ventilation/Storage/Sufficient equip.
 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

COMMENTS AND INSTRUCTIONS

Violation #37 Replace the missing plug of the drainage hole of the "Ecological Waste Systems" (recycling) dumpster outside the kitchen (repeated violation).
Code Reference FAC: Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Violation #39 Replace several missing drop ceiling tiles at the back of the kitchen close to the back door and at the salad preparation area (repeated violation).
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: Oswaldo Samper

PHONE: (305) 623-3500

INSPECTION COND SIGNATURE:

FAX #: _____

COPY OF REPORT RECEIVED BY: CNE

DATE: 10/17/2014

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

Recorded 25.721016/-80.305559



PURPOSE:

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

NAME South Miami Senior High School #2
ADDRESS 6856 SW 53 Street **CITY** Miami
OWNER M-DCSB **ZIP** 33155
PERSON IN CHARGE Clinton Neilly II **PHONE** (305) 666-5871
EMAIL CNEILLY2@dadeschools.net;rmorin@dadeschools.net

RESULTS:

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

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
12:30	12:45	10/17/2014	67699	13-48-1274995	

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><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. Sneeze 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 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 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>
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COMMENTS AND INSTRUCTIONS

No violations were observed during this inspection ^^

INSPECTION CONDUCTED BY: Oswaldo Samper **PHONE:** (305) 623-3500
INSPECTION COND SIGNATURE: **FAX #:** _____
COPY OF REPORT RECEIVED BY: **DATE:** 10/17/2014

DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- ASSESSMENT SURVEY EPIDEMIOLOGY (use other)
- OTHER

TYPE: School (more than 9 months)

NAME: South Miami Senior High School #3

ADDRESS: 6856 SW 53 Street CITY: Miami

PERMIT NUMBER: M-DCSB ZIP: 33155

PERSON IN CHARGE: Clinton Neilly II PHONE: (305) 666-5871

EMAIL: CNEILLY2@dadeschools.net;rmorin@dadeschools.net

RESULTS:

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

START TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
15	13:00	10/17/2014	67699	13-48-1274997	

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>D SUPPLIES</p> <p>1. Sources etc.</p> <p>D 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. Fork 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><input type="checkbox"/> 14. Sneeze 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 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 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

Violations were observed during this inspection **

ACTION CONDUCTED BY: Osvaldo Samper

PHONE: (305) 623-3500

ACTION COND SIGNATURE: [Signature]

FAX #: _____

COPIES OF REPORT RECEIVED BY: CNE

DATE: 10/17/2014

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

Recorded 25.721016/-80.305559



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

NAME: South Miami Senior High School Annex #2
ADDRESS: 6856 SW 53 Street **CITY:** Miami
OWNER: M-DCSB **ZIP:** 33155
PERSON IN CHARGE: Clinton Neilly II **PHONE:** (305) 666-5871
EMAIL: CNEILLY2@dadeschools.net;rmorin@dadeschools.net

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

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
13:00	13:15	10/17/2014	67699	13-48-1275001

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> <input type="checkbox"/> 1. Sources etc	<p><input type="checkbox"/> 14. Sneeze guards</p> <p><input type="checkbox"/> 15. Transportation of food</p> <p><input type="checkbox"/> 16. Poisonous/toxic materials</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>OTHER FACILITIES AND OPERATIONS</p> <p><input type="checkbox"/> 39. Other facilities and operations</p>
<p>FOOD PROTECTION</p> <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. Reserve of food	<p>PERSONNEL</p> <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 <p>EQUIPMENT/UTENSILS</p> <input type="checkbox"/> 22. Refrigeration facilities/Therm. <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	<p>SANITARY FACILITIES AND CONTROLS</p> <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	<p>TEMPORARY FOOD SERVICE EVENTS</p> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <input type="checkbox"/> 44. Inspection/Enforcement

COMMENTS AND INSTRUCTIONS

Inspection is satisfactory.

INSPECTION CONDUCTED BY: Oswaldo Samper
INSPECTION COND SIGNATURE:
COPY OF REPORT RECEIVED BY: CNE

PHONE: (305) 623-3500
FAX #: _____
DATE: 10/17/2014

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

Geocoded 25.721016/-80.305559

PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY EPIDEMIOLOGY (use other)
- OTHER

TYPE: School (more than 9 months)



NAME South Miami Senior High School Annex
 ADDRESS 6856 SW 53 Street CITY South Miami
 OWNER M-DCSB ZIP 33155
 PERSON IN CHARGE Clinton Neilly II PHONE (305) 666-5871
 EMAIL CNEILLY2@dadeschools.net;rmorin@dadeschools.net

RESULTS:

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

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
13:15	14:15	10/17/2014	67699	13-48-18112

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> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Sources etc <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <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 | <ul style="list-style-type: none"> <input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/toxic materials <p>PERSONNEL</p> <ul style="list-style-type: none"> <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 <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 22. Refrigeration facilities/Therm. <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 | <ul style="list-style-type: none"> <input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control | <p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/Enforcement |
|--|---|--|--|

COMMENTS AND INSTRUCTIONS

Violation #22 Repair one out of order reach-in refrigerator (R3). Code Reference FAC: Refrigerators. 64E-11.006(1),(1)(a). There will be sufficient, working refrigerators. Each refrigerator will have a working thermometer.

Violations #37 Replace the leaking 8 Cu. Yd. garbage dumpster outside the kitchen.

Violation #39 Repair or replace the out of order kitchen's exhaust system (hood above the ovens and steamer). At present the ovens and steamer are not being used and the food is cooked at the main kitchen.

Violation #39 Clean the ceiling A/C return vents in the kitchen by the ice machine and by the kitchen's front door (440 Preparation Area). 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: Osvaldo Samper

PHONE: (305) 623-3500

INSPECTION COND SIGNATURE:

FAX #: _____

COPY OF REPORT RECEIVED BY:

DATE: 10/17/2014

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

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: South Miami Senior High School- Vending machine in cafeteria
ADDRESS: 6856 SE 53 Street CITY: Miami
OWNER: Miami-Dade County School Board ZIP: 33155
PERSON IN CHARGE: Clinton Neilly II PHONE: (305) 666-5871
EMAIL: CNEILLY2@dadeschools.net

Table with 5 columns: BEGIN TIME, END TIME, DATE ASSESSED, POSITION #, EXISTING FACILITIES - PERMIT NUMBER. Values: 14:15, 14:30, 10/17/2014, 67699, 13-48-1368412

Table with 1 column: 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.

- FOOD SUPPLIES
FOOD PROTECTION
PERSONNEL
EQUIPMENT/UTENSILS
SANITARY FACILITIES AND CONTROLS

- OTHER FACILITIES AND OPERATIONS
TEMPORARY FOOD SERVICE EVENTS
VENDING MACHINES
MANAGER CERTIFICATION
CERTIFICATES AND FEES
INSPECTION/ENFORCEMENT

COMMENTS AND INSTRUCTIONS

** No violations were observed during this inspection **

INSPECTION CONDUCTED BY: Osvaldo Samper
INSPECTION COND SIGNATURE: [Signature]
COPY OF REPORT RECEIVED BY: [Signature]

PHONE: (305) 623-3500
FAX #:
DATE: 10/17/2014