

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



- PURPOSE:**
- ROUTINE
 - REINSPECTION
 - CONSTRUCT.
 - CHANGE OF OWNER
 - COMPLAINT
 - CONSULTATION
 - QA SURVEY
 - OTHER
 - OTHER _____

NAME OF ESTABLISHMENT Herbert Gmarons Middle School

ADDRESS 17990 SW 142 Ave **CITY** Miami

OWNER MOEPS **ZIP** 33177

PERSON IN CHARGE MARIA COSTA **PHONE** (305) 974-3602

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

| DATE | |
|------|----|
| 0 | 05 |
| 1 | 06 |
| 2 | 07 |
| 3 | 08 |
| 4 | 09 |
| 5 | 10 |
| 6 | 11 |
| 7 | 12 |
| 8 | 13 |
| 9 | 14 |

OUT OF BUSINESS

| BEGIN | END | DATE | POSITION # | CERTIFICATE NUMBER | TYPE |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|
| 1000 | 1030 | 09 21 09 | 82515 | 13 - 48 - 16187 | |
| <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 | <input type="checkbox"/> Detention |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 15 | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 | <input type="checkbox"/> Lounge |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 | <input type="checkbox"/> Civic |
| <input type="checkbox"/> 25 | <input type="checkbox"/> 25 | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 | <input type="checkbox"/> Movie |
| <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input checked="" type="checkbox"/> School |
| <input type="checkbox"/> 35 | <input type="checkbox"/> 35 | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | <input type="checkbox"/> Residen |
| <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 | <input type="checkbox"/> Child |
| <input type="checkbox"/> 45 | <input type="checkbox"/> 45 | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | <input type="checkbox"/> Limited |
| <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> Other |
| <input type="checkbox"/> 55 | <input type="checkbox"/> 55 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | |
| <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | |
| <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 | |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 | |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 15 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 | |

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 of the 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.

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

| | |
|---------------------|--|
| ITEM NUMBERS | COMMENTS AND INSTRUCTIONS (continue on attached sheet) |
| | <u>Satisfactory at time of inspection</u> |
| | |
| | |
| | |

HEALTH DEPARTMENT INSPECTOR: MARIA ARDRE **PHONE:** (305) 668-7244

COPY OF REPORT RECEIVED BY: Maria Costa **DATE:** 09/28/09

DH Form 4023, 1/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY