

# FOOD SERVICE

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

Geocoded 25.832119/-80.205372

**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** Miami Edison Sr. High  
**ADDRESS** 6161 NW 5 Court    **CITY** Miami  
**OWNER** M-DCSB Food and Nutrition    **ZIP** 33127  
**PERSON IN CHARGE** M-DCSB Food and Nutrition    **PHONE** 3052717331  
**EMAIL** pr7541@dadeschools.net; campbell@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
12:15	12:30	10/06/2014	27430	13-48-09248

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. 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/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 #1** Remove personal storage in purple bag from foods in walk-in refrig. Corrected  
**Code Reference** FAC: Food Supplies 64E-11.003. All food is from approved sources. Food is not adulterated misbranded or spoiled. No foods from private homes. Ice must be from an approved source.

**Violation #10** Label and date all foods in walk-in refrigerator. Ham, Canteloupe, peaches, others  
**Code Reference** FAC: Storage Containers. 64E-11.004(13)(14)2. Food storage containers shall be clean, covered, and marked with their contents. Refrigerated, ready-to-eat, potentially hazardous food prepared in the facility, must be marked with date of preparation, if held > 24 hours. Food must be stored six inches above the floor.

**Violation #29** Clean and sanitize inside steam tables at food line. Provide clean water for steam tables.  
**Violation #29** Remove paper and plastic storage from food warmer in dry storage

\*\*Continued On Page 2\*\*

INSPECTION CONDUCTED BY: Travis Morris  
 INSPECTION COND SIGNATURE: *Travis Morris*  
 COPY OF REPORT RECEIVED BY: *Juan Campbell*

PHONE: (305) 623-3500 ex.  
 PHONE 2: (305) 623-3500 ex.  
 DATE: 10/06/2014

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



Name: Miami Edison Sr. High

Date: 10/06/2014

Identification No: 13-48-09248


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

room.

**Code Reference** FAC: Cleaned. 64E-11.006(4). All equipment will be maintained in a clean and sanitized manner.

**Violation #39** Minimize excess storage in mop sink room.

**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.

Copy of Report  
Received By: 

Inspector Travis Morris