

FOOD SERVICE

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

Geocoded 25.723308/-80.426494

PURPOSE:

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



RESULTS:

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

NAME Ethel Koger Beckham Elementary School

ADDRESS 4702 SW 143 Court **CITY** Miami

OWNER M-DCSB **ZIP** 33175

PERSON IN CHARGE Julissa Pina **PHONE** (305) 222-8157

EMAIL julissapina@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
13:25	14:15	08/23/2013	67699	13-48-04518

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> <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>OTHER FACILITIES AND OPERATIONS</p> <p>39. Other facilities and operations</p> |
| <p>FOOD 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. 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>PERSONNEL</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>SANITARY FACILITIES AND CONTROLS</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>TEMPORARY FOOD SERVICE EVENTS</p> <p>40. Temporary food service events</p> <p>VENDING MACHINES</p> <p>41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p>42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p>43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p>44. Inspection/Enforcement</p> |
| <p>EQUIPMENT/UTENSILS</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> | | | |

COMMENTS AND INSTRUCTIONS

Violations noted in the previous inspection were corrected

*** 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: 8/23/2013

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



Name:

Date:

Identification No:

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector

Page 2