

**DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT West Homestead Elementary
ADDRESS 1550 SW 6 ST. **CITY** Homestead
OWNER MDCPS **ZIP** 33030
PERSON IN CHARGE Prudence Mungo **PHONE** 305 248 0812

RESULTS

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

BEGIN	END
11:00	12:00
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
090309
010105
030106
020207
030308
040409
050510
060611
070712
080813
090914

POSITION #
84600
010000
020000
030000
040000
050000
060000
070000
080000
090000

CERTIFICATE NUMBER
13-48-14751
0100000000
0200000000
0300000000
0400000000
0500000000
0600000000
0700000000
0800000000
0900000000

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Mobile
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
010105
020206
030307
040408
050509
060610
070711
080812
090913
101014

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.

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

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

39 Clean all the air conditioner vents (ceiling's) in the kitchen.

37 Keep the dumpsters lids closed always

HEALTH DEPARTMENT INSPECTOR: E. Waldie PHONE: 305 284 0980
 COPY OF REPORT RECEIVED BY: Prudence Mungo DATE: 09/03/09