

FOOD SERVICE

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

Geocoded 25.721685/-80.338536

PURPOSE:

- ROUTINE REINSPECTION **TYPE: School Cafeteria (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 Southwest Miami Senior High School

ADDRESS 8855 SW 50 Terrace **CITY** Miami

OWNER M-DCSB Food and Nutrition **ZIP** 33165

PERSON IN CHARGE Ana Valdes **PHONE** (305) 274-0181

EMAIL anamvaldes06@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
10:30	11:30	12/04/2012	67699	13-48-12952

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><input checked="" type="checkbox"/> 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>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> | | <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> |

COMMENTS AND INSTRUCTIONS

Violation #39 Repair damaged area of the kitchen's storage/office ceiling. Repair work is already being conducted.
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

INSPECTION COND SIGNATURE:

COPY OF REPORT RECEIVED BY: Ana M Valdes

PHONE: (305) 623-3500 ex.

FAX #: _____

DATE: 12/4/2012

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



Name: Southwest Miami Senior High School

Date: 12/04/2012

Identification No: 13-48-12952

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Osvaldo Samper

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FOOD SERVICE

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

Geocoded 25.721685/-80.338536

PURPOSE:

ROUTINE REINSPECTION **TYPE: School Cafeteria (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 Southwest Miami Senior H.S. #2
ADDRESS 8855 SW 50 Terrace **CITY** Miami
OWNER M-DCSB **ZIP** 33165
PERSON IN CHARGE Ana Valdes **PHONE** (305) 274-4832
EMAIL anamvaldes06@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:45	12:15	12/04/2012	67699	13-48-1275004

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>
EQUIPMENT/UTENSILS			
<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

*** No violations were observed during this inspection ***

INSPECTION CONDUCTED BY: Oswaldo Samper
 INSPECTION COND SIGNATURE:
 COPY OF REPORT RECEIVED BY: Ana M. Valdes

PHONE: (305) 623-3500
 FAX #: _____
 DATE: 12/4/2012

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



Name: Southwest Miami Senior H.S. #2

Date: 12/04/2012

Identification No: 13-48-1275004

Comments and Instructions (Continued from Page 1):

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FOOD SERVICE

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

Geocoded 25.721685/-80.338536

PURPOSE:

- ROUTINE REINSPECTION **TYPE: School Cafeteria (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 Southwest Miami Senior HS Annex
ADDRESS 8855 SW 50 Terrace **CITY** Miami
OWNER M-DCSB **ZIP** 33165
PERSON IN CHARGE Ana Valdes **PHONE** (305) 274-4832
EMAIL anamvaldes06@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
12:12	13:15	12/04/2012	67699	13-48-18127

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.

- | | | | |
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| <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>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> | <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><input checked="" type="checkbox"/> 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> |

COMMENTS AND INSTRUCTIONS

Violation #38 Repair or replace 2 out of order air curtains (fly fans) above the doors of the dining room (one in the North side and one in the Northeast side).
 Code Reference FAC: Vermin. 64E-11.007(7). Effective measures shall be taken to protect against rodents, flies, roaches and other vermin. All openings to the outside are protected against vector entrance.

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

PHONE: (305) 623-3500
 FAX #: _____
 DATE: 12/4/2012

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



Name: Southwest Miami Senior HS Annex

Date: 12/04/2012

Identification No: 13-48-18127

Comments and Instructions (Continued from Page 1):

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FOOD SERVICE

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

00.000000/-00.000000

PURPOSE:

ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QASURVEY EPIDEMIOLOGY (use other)
 OTHER _____

**TYPE: Vending Machine Dispensing
Potentially Hazardous Foods**

**RESULTS:**

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

NAME Southwest Miami Senior HS Annex - Vending machine in cafeteria
ADDRESS 8855 SE 50 Terrace **CITY** Miami
OWNER Miami-Dade County School Board **ZIP** 33165
PERSON IN CHARGE Ana Valdes **PHONE** (305) 274-0181
EMAIL anamvaldes06@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
13:15	13:30	12/04/2012	67699	13-48-1368409

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.

14. Sneeze guards

15. Transportation of food

27. Design and fabrication

28. Installation and location

OTHER FACILITIES AND OPERATIONS

39. Other facilities and operations

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

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

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

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

** No violations were observed during this inspection **

INSPECTION CONDUCTED BY: Oswaldo SamperPHONE: (305) 623-3500INSPECTION COND SIGNATURE: [Signature]

FAX #: _____

COPY OF REPORT RECEIVED BY: [Signature]DATE: 12/4/2012

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



Name: Southwest Miami Senior HS Annex - Vending machine in cafeteria

Date: 12/04/2012

Identification No: 13-48-1368409

Comments and Instructions (Continued from Page 1):

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