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



1 of 2

Facility Information

Permit Number: 13-48-03530

Name of Facility: Design & Architecture

Address: 4001 NE 2 Avenue City, Zip: Miami 33137

Type: School (more than 9 months) Owner: M-DCSB Food and Nutrition

Person In Charge: Lenora Johnson

Phone: (305) 573-2490

Correct By: by 8:00 AM Re-Inspection Date: 4/17/2017

RESULT: Unsatisfactory

Inspection Information

Purpose: Reinspection Begin Time: 08:15 AM Inspection Date: 3/16/2017 End Time: 08:30 AM

Additional Information

No Additional Information Available

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.

Violation Markings

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/Thermometers
- X 23. Sinks
 - 24. Ice storage/Counter-protector
 - 25. Ventilation/Storage/Sufficient equipment
 - 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. lce
 - 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
 - Vending machines
 - MANAGER CERTIFICATION
 - 42. Manager certification
 - CERTIFICATES AND FEES
 - 43. Certificates and fees
 - INSPECTION/ENFORCEMENT
 - 44. Inspection/Enforcement

Inspector Signature:

Vanessof Corrioforio

Client Signature:

Form Number: DH 4023 01/05 13-48-03530 Design & Architecture

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



2 of 2

General Comments

Unsatisfactory because the prep sink has not been acquired after multiple repeat violations. If plans are in place to acquire the sink please send them via email.

Email Address(es): 202892@dadeschools.net;

Helenapernas@dadeschools.net; jaybolton@dadeschools.net; jware@dadeschools.net; IPalacio@dadeschools.net;

anaalvarez-arimon@dadeschools.net;

gpalomo@dadeschools.net

Violations Comments

Violation #23. Sinks

Acquire prep sink. *Fifth violation*
CODE REFERENCE: Prep. Sinks. 64E-11.006(1)(b). There will be sufficient, working food prep sinks.

Violation #39. Other facilities and operations

Repair outlet near vending machine. *Second violation*

CODE REFERENCE: Other Facilities. 64E-11.008. 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 quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Vanessa Capriglione (115742) Inspector Contact Number: Work: (305) 623-3500 ex. 23722

Print Client Name: Ms. Johnson

Date: 3/16/2017

Inspector Signature:

Vanesso f. Coprioferio

Client Signature:

13-48-03530 Design & Architecture Form Number: DH 4023 01/05