

**STATE OF FLORIDA  
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** Nathan Bilingual Elem School  
**ADDRESS** 14120 NW 24 Ave      **CITY** OPA LOCKA  
**OWNER** DIPS      **ZIP** 33054  
**PERSON IN CHARGE** Tonya Woods      **PHONE** 855-688-2116

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

**Correct Violations by**  
 Next Inspection  
 8:00 AM on:

DATE	
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
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12	12
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14	14

OUT OF BUSINESS

BEGIN	END
8:30 AM	9:00 AM
9:00 AM	9:30 AM
9:30 AM	10:00 AM
10:00 AM	10:30 AM
10:30 AM	11:00 AM
11:00 AM	11:30 AM
11:30 AM	12:00 PM
12:00 PM	12:30 PM
12:30 PM	1:00 PM
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11:30 PM	12:00 AM

DATE
09/15/08
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CERTIFICATE NUMBER
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- TYPE**
- Hospital
  - Nursing
  - Detention
  - Lounge
  - Civic
  - Movie
  - School
  - Residen.
  - Child
  - Limited
  - Other

Violations of the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued failure to correct these violations is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 382 and 386, Florida Statutes. Failure to comply with the time and fine indicated in the Results section above or an administrative fine or other legal action will be initiated.

<p><b>FOOD SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Sources, etc.</li> </ul> <p><b>FOOD PROTECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. Stored temperature</li> <li><input type="checkbox"/> 3. No further cooking/Rapid cooling</li> <li><input type="checkbox"/> 4. Thawing</li> <li><input type="checkbox"/> 5. Raw fruits</li> <li><input type="checkbox"/> 6. Pork cooking</li> <li><input type="checkbox"/> 7. Poultry cooking</li> <li><input type="checkbox"/> 8. Other animal cooking</li> <li><input type="checkbox"/> 9. Least contact/Reheating</li> <li><input type="checkbox"/> 10. Food container</li> <li><input type="checkbox"/> 11. Buffet requirements</li> <li><input type="checkbox"/> 12. Self-service condiments</li> <li><input type="checkbox"/> 13. Reservice of food</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 14. Sneeze guards</li> <li><input type="checkbox"/> 15. Transportation of food</li> <li><input type="checkbox"/> 16. Poisonous/Toxic materials</li> </ul> <p><b>PERSONNEL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17. Exclusion of personnel</li> <li><input type="checkbox"/> 18. Cleanliness</li> <li><input type="checkbox"/> 19. Tobacco use</li> <li><input type="checkbox"/> 20. Handwashing</li> <li><input type="checkbox"/> 21. Handling of dishware</li> </ul> <p><b>EQUIPMENT/UTENSILS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers</li> <li><input type="checkbox"/> 23. Sinks</li> <li><input type="checkbox"/> 24. Ice storage/Counter-protector</li> <li><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment</li> <li><input type="checkbox"/> 26. Dishwashing facilities</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Design and fabrication</li> <li><input type="checkbox"/> 28. Installation and location</li> <li><input type="checkbox"/> 29. Cleanliness of equipment</li> <li><input type="checkbox"/> 30. Methods of washing</li> </ul> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 31. Water supply</li> <li><input type="checkbox"/> 32. Ice</li> <li><input type="checkbox"/> 33. Sewage</li> <li><input type="checkbox"/> 34. Plumbing</li> <li><input type="checkbox"/> 35. Toilet facilities</li> <li><input type="checkbox"/> 36. Handwashing facilities</li> <li><input type="checkbox"/> 37. Garbage disposal</li> <li><input type="checkbox"/> 38. Vermin control</li> </ul>	<p><b>OTHER FACILITIES AND OPERATIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 39. Other facilities and operations</li> </ul> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 40. Temporary food service events</li> </ul> <p><b>VENDING MACHINES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 41. Vending machines</li> </ul> <p><b>MANAGER CERTIFICATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 42. Manager certification</li> </ul> <p><b>CERTIFICATES AND FEES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 43. Certificates and fees</li> </ul> <p><b>INSPECTION/ENFORCEMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 44. Inspection/Enforcement</li> </ul>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Food satellite from North Dade Middle School
39	Resurface freezer top. Rusted
22	Food temperature in both milk box; temp 44 degrees

**HEALTH DEPARTMENT INSPECTOR:** Yvonne Roodde Thompson      **PHONE:** (305) 1623-3500  
**COPY OF REPORT RECEIVED BY:** X Tonya Woods      **DATE:** 9/15/08

DH Form 4023, 1/05 (Obsoletes Previous Editions)