

**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 Doctor's Charter School of Miami
ADDRESS 11301 NW 5th Ave **CITY** Miami Shores
OWNER Doctors Charter School Board **ZIP** 33168
PERSON IN CHARGE Mary Kimes **PHONE** 305-754-2381

RESULTS

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

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
215243		020210	01469	13-48-18166	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input checked="" type="checkbox"/> School <input type="checkbox"/> Residen. <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other

Violations noted on this report are in violation of Chapter 64E-11 of the Florida Administrative Code and may be corrected. Continued violation of this code may result in revocation of Chapter 64E-11 Florida Administrative Code and Chapter 381, Part 1801 Florida Statutes. Violations must be corrected. The health department may file an administrative fine or other legal action will be initiated.

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

HEALTH DEPARTMENT INSPECTOR: RH Director, Hilton PHONE: 305-623-3500

COPY OF REPORT RECEIVED BY: Mary Kimes DATE: 02-02-2010

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

ESTABLISHMENT/FACILITY