

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT



FOOD SERVICE  
INSPECTION REPORT

60196

PURPOSE:

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

NAME OF ESTABLISHMENT: DOG MRS. CHARLES SCH. OF HAWAII  
 ADDRESS: 1301 NW 5th Ave CITY: MIAMI  
 OWNER: DOG MRS. CHARLES SCH. OF HAWAII ZIP: 33136  
 PERSON IN CHARGE: FRANCES DIAZ PHONE: 3175

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

REG. NO.	EXPI. DATE	PERMIT NO.	EXPI. DATE	PERMIT NO.	EXPI. DATE	TYPE
12-20	12-30	0930008	05	27038	23-48-78766	School
01-05	01-05		06			
02-05	02-05		07			
03-05	03-05		08			
04-05	04-05		09			
05-05	05-05		10			
06-05	06-05		11			
07-05	07-05		12			
08-05	08-05		13			
09-05	09-05		14			

**FOOD SUPPLIES**

- 1. Sources, etc.
- 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
- 17. Exclusion of personnel
- 18. Cleanliness
- 19. Tobacco use
- 20. Handwashing
- 21. Handling of dishware
- 22. Refrigeration facilities/Thermometers
- 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
- 31. Water supply
- 32. Ice
- 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
- 40. Temporary food service events
- 41. Vending machines
- 42. Manager certification
- 43. Certificates and fees
- 44. Inspection/Enforcement

**ITEM NUMBERS** | **COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

1 | SATISFACTORY AT TIME OF INSPECTION

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 3175  
 COPY OF REPORT RECEIVED BY: Frances Diaz DATE: 9/30/08

3H Form 4023, 1/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY