

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT**



**PURPOSE:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION    |
| <input type="checkbox"/> CONSTRUCT.         | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT          | <input type="checkbox"/> CONSULTATION    |
| <input type="checkbox"/> QA SURVEY          | <input type="checkbox"/> OTHER           |
| <input type="checkbox"/> OTHER              |  |

**FOOD SERVICE  
INSPECTION REPORT**

NAME OF ESTABLISHMENT: Florida City Elementary School  
 ADDRESS: 364 NW 60th CITY: Fla. City  
 OWNER: MDCPS ZIP: 33034  
 PERSON IN CHARGE: Cydia Diaz PHONE: 305 246 4676

**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#	CERTIFICATION NUMBER	TYPE								
11:00	1:45	02/12/09	24600	73-48-05946	<input checked="" type="checkbox"/> School								
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Items marked with \* indicate the requirements of Chapter 64E-14 of the Florida Administrative Code and must be observed. Continual operation of this facility without making these corrections is a violation of Chapter 64E-14, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Non-compliance with these requirements is a violation of the health code and an administrative or other legal action will be initiated.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Food is provided by Campbell Dr. Middle School.</u>
	<u>Satisfactory at the time of inspection.</u>

HEALTH DEPARTMENT INSPECTOR: E. Valdes PHONE: 305 284 0980  
 COPY OF REPORT RECEIVED BY: Cydia Diaz DATE: 02/12/09