

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

Geocoded 25.632728/-80.447925

PURPOSE:

- ROUTINE REINSPECTION TYPE: School (more than 9 months)
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY (use other)
 OTHER



RESULTS:

- Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS
 Correct Violations by
 Next Inspection
 8:00 AM on

NAME Jorge Mas Canosa Middle School
 ADDRESS 15735 SW 144 Street CITY Miami
 OWNER M-DCSB ZIP 33196
 PERSON IN CHARGE James Griffith PHONE (305) 252-5900
 EMAIL efalconjr@dadeschools.net;griffith@dadeschools.net;szuniga@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
12:40	13:45	11/07/2014	67699	13-48-18363

RE-INSPECTION DATE

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.

FOOD SUPPLIES <input type="checkbox"/> 1. Sources etc.	<input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location	OTHER FACILITIES AND OPERATIONS <input type="checkbox"/> 39. Other facilities and operations
FOOD PROTECTION <input 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. Pork 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. Reservice of food	PERSONNEL <input type="checkbox"/> 17. Exclusion of personnel <input 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/Therm. <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip. <input type="checkbox"/> 26. Dishwashing facilities	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	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

COMMENTS AND INSTRUCTIONS

Violations noted on the previous inspection were corrected.

The inspection is satisfactory.

INSPECTION CONDUCTED BY: Oswaldo SamperPHONE: (305) 623-3500

INSPECTION COND SIGNATURE:

FAX #: _____

COPY OF REPORT RECEIVED BY:

DATE: 11/7/2014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Food Establishment



Name: Jorge Mas Canosa Middle School

Date: 11/07/2014

Identification No: 13-48-18363

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Osvaldo Samper

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