

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Sunny Isles Beach Community School
 ADDRESS 201-182 Dr CITY MB
 OWNER DCPS ZIP 33160
 PERSON IN CHARGE Theresa Walton PHONE (305) 933-6161
Eduardo molinares AP

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
11:00	11:50AM	060209	47452	13-48-15716	<input checked="" type="checkbox"/> School
1:00	1:00	000000	000000	00000000	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	000000	000000	00000000	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	000000	000000	00000000	<input type="checkbox"/> Detention
4:15	4:15	000000	000000	00000000	<input type="checkbox"/> Lounge
5:20	5:20	000000	000000	00000000	<input type="checkbox"/> Civic
6:25	6:25	000000	000000	00000000	<input type="checkbox"/> Movie
7:30	7:30	000000	000000	00000000	<input type="checkbox"/> Residen.
8:35	8:35	000000	000000	00000000	<input type="checkbox"/> Child
9:40	9:40	000000	000000	00000000	<input type="checkbox"/> Limited
10:45	10:45	000000	000000	00000000	<input type="checkbox"/> Other
11:50	11:50	000000	000000	00000000	
12:55	12:55	000000	000000	00000000	

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.

<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input checked="" type="checkbox"/> 28. Installation and location	<input checked="" 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	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	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	SANITARY FACILITIES AND CONTROLS	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	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	EQUIPMENT/UTENSILS	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 21. Handling of dishware	<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	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)
28, 39	Increase hot water temperature at 3 compartments and all sink in kitchen
39	Eliminate shut from mop sink area

HEALTH DEPARTMENT INSPECTOR: Eva Lindu Thompson PHONE: (305) 623-3100
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 6/2/09

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