

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-48-06196
Name of Facility: Homestead Middle School
Address: 650 NW 2 Avenue
City, Zip: Homestead 33030

Correct By: Next Inspection
Re-Inspection Date: None

Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition
Person In Charge: Martha Gomez Phone: (305)-247-4221 exr 2201

Inspection Information

Purpose: Routine
Inspection Date: 5/15/2018

Begin Time: 12:45 PM
End Time: 01:20 PM

Additional Information

No Additional Information Available

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.

Violation Markings

<p>FOOD SUPPLIES 1. Sources, etc.</p> <p>FOOD PROTECTION 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 X 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 PERSONNEL</p>	<p>17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware EQUIPMENT/UTENSILS X 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 SANITARY FACILITIES AND CONTROLS 31. Water supply 32. Ice 33. Sewage</p>	<p>34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control OTHER FACILITIES AND OPERATIONS X 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS 40. Temporary food service events VENDING MACHINES 41. Vending machines MANAGER CERTIFICATION 42. Manager certification CERTIFICATES AND FEES 43. Certificates and fees INSPECTION/ENFORCEMENT 44. Inspection/Enforcement</p>
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General Comments

No General Comments Available

Email Address(es): csbryant@dadeschools.net;
mcgomez@dadeschools.net

Inspector Signature:

Client Signature:

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Violations Comments

Violation #10. Food container

Replace some scaled or crushed cans of food in the storage room. (five).

CODE REFERENCE: Storage Containers. 64E-11.004(13)(14). Food storage containers shall be clean, covered, and marked with their contents.

Refrigerated, ready-to-eat, potentially hazardous food prepared in the facility, must be marked with date of preparation, if held greater than 24 hours.
Food must be stored six inches above the floor.

Violation #22. Refrigeration facilities/Thermometers

Replace burned light bulbs inside the refrigerators RR2 and RR1 located next to the three compartment sink for both sides of the kitchen, and inside the walk in cooler.

Provide one missing light bulb with a cover in the freezer located in the storage room.

CODE REFERENCE: Refrigerators. 64E-11.006(1), (1)(a). There will be sufficient, working, refrigerators. Each refrigerator will have a working thermometer.

Violation #39. Other facilities and operations

Provide missing covers for all bulbs light in the storage room.

CODE REFERENCE: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Beatriz Rodriguez (60752)

Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name:

Date: 5/15/2018

Inspector Signature:

Client Signature: