

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

Geocoded 25.729411/-80.287479

## 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** David Fairchild Elementary School  
**ADDRESS** 5757 SW 45 Street    **CITY** Miami  
**OWNER** M-DCSB    **ZIP** 33155  
**PERSON IN CHARGE** Lucy Amengual    **PHONE** (305) 665-5483  
**EMAIL** lamengual@dadeschools.net;cynthiathompson@dadeschools.net;hbalmaseda@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:45	12:30	03/02/2015	67699	13-48-03430

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.*

<b>FOOD SUPPLIES</b> <input type="checkbox"/> 1. Sources etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b> <input type="checkbox"/> 39. Other facilities and operations
<b>FOOD PROTECTION</b> <input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	
<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"/> 4. Thawing	<b>PERSONNEL</b> <input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>TEMPORARY FOOD SERVICE EVENTS</b> <input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 31. Water supply	<b>VENDING MACHINES</b> <input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 32. Ice	<b>MANAGER CERTIFICATION</b> <input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 33. Sewage	<b>CERTIFICATES AND FEES</b> <input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 9. Least contact/reheating	<b>EQUIPMENT/UTENSILS</b> <input type="checkbox"/> 22. Refrigeration facilities/Them.	<input type="checkbox"/> 34. Plumbing	<b>INSPECTION/ENFORCEMENT</b> <input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 35. Toilet facilities	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/counter-protector	<input type="checkbox"/> 36. Handwashing facilities	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip.	<input type="checkbox"/> 37. Garbage disposal	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities	<input checked="" type="checkbox"/> 38. Vermin control	

## COMMENTS AND INSTRUCTIONS

Violation #38 Vermin proof adequately the doors throughout the facility (food service). Repeated violation.  
**Code Reference** FAC: Vermin. 64E-11.007(7). Effective measures shall be taken to protect against rodents, flies, roaches and other vermin. All openings to the outside are protected against vector entrance.

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

INSPECTION COND SIGNATURE:

FAX #:

COPY OF REPORT RECEIVED BY: AmengualDATE: 3/2/2015

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



Name: David Fairchild Elementary School

Date: 03/02/2015

Identification No: 13-48-03430

**Comments and Instructions (Continued from Page 1):**

Copy of Report  
Received By:

Inspector Osvaldo Samper

Page 2