

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

Geocoded 25.882308/-80.347720

**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** West Hialeah Gardens Elem.  
**ADDRESS** 11990 NW 92 Avenue    **CITY** Hialeah  
**OWNER** M-DCSB Food and Nutrition    **ZIP** 33018  
**PERSON IN CHARGE** M-DCSB Food and Nutrition    **PHONE** (305) 687-6565  
**EMAIL** tfrontela@dadeschools.net;sharongonzalez@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
09:45	10:45	12/09/2014	27458	13-48-18415

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.*

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

**COMMENTS AND INSTRUCTIONS**

INSPECTION CONDUCTED BY: Jorge Suarez  
 INSPECTION COND SIGNATURE: *J. Suarez*  
 COPY OF REPORT RECEIVED BY: *J. Suarez*

PHONE: 305 623 3500  
 PHONE 2: \_\_\_\_\_  
 DATE: 12/9/2014

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



Name: West Hialeah Gardens Elem.

Date: 12/09/2014

Identification No: 13-48-18415

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

Copy of Report  
Received By:

Inspector Jorge Suarez

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