

# FOOD SERVICE

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

Geocoded 25.750928/-80.394839

**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** Wesley Matthews Elem  
**ADDRESS** 12345 SW 18 Terrace      **CITY** Miami  
**OWNER** M-DCSB Food and Nutrition      **ZIP** 33175  
**PERSON IN CHARGE** Deborah Darbonne      **PHONE** (305) 222-8163  
**EMAIL** ddarbonne@dadeschools.net; mmaza1@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
10:15	11:00	05/11/2015	82515	13-48-08910

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> 1. Sources etc.  <b>FOOD PROTECTION</b> 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 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  <b>PERSONNEL</b> 17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware  <b>EQUIPMENT/UTENSILS</b> 22. Refrigeration facilities/Therm. 23. Sinks 24. Ice storage/counter-protector 25. Ventilation/Storage/Sufficient equip. 26. Dishwashing facilities	27. Design and fabrication 28. Installation and location 29. Cleanliness of equipment 30. Methods of washing  <b>SANITARY FACILITIES AND CONTROLS</b> 31. Water supply 32. Ice 33. Sewage 34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control	<b>OTHER FACILITIES AND OPERATIONS</b> 39. Other facilities and operations  <b>TEMPORARY FOOD SERVICE EVENTS</b> 40. Temporary food service events  <b>VENDING MACHINES</b> 41. Vending machines  <b>MANAGER CERTIFICATION</b> 42. Manager certification  <b>CERTIFICATES AND FEES</b> 43. Certificates and fees  <b>INSPECTION/ENFORCEMENT</b> 44. Inspection/Enforcement
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**COMMENTS AND INSTRUCTIONS**

Satisfactory at time of inspection.

INSPECTION CONDUCTED BY: Maria Adrover

PHONE: (305) 623-3500 ex.

INSPECTION COND SIGNATURE: *YTT/Adrover*

PHONE 2: (305) 623-3500 ex.

COPY OF REPORT RECEIVED BY: *Maria Adrover*

DATE: 5/11/2015

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



Name: Wesley Matthews Elem

Date: 05/11/2015

Identification No: 13-48-08910

Comments and Instructions (Continued from Page 1):

Copy of Report  
Received By:

Inspector Maria Adrover

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