

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



**PURPOSE:**

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

**FOOD SERVICE  
 INSPECTION REPORT**

NAME OF ESTABLISHMENT William Jennings Bryan Elem.  
 ADDRESS 1200 NE 125th St. CITY N. Miami  
 OWNER \_\_\_\_\_ ZIP 33161  
 PERSON IN CHARGE Ms. Rosario PHONE (305) 891-0602

**RESULTS**

- Satisfactory
  - Incomplete
  - Unsatisfactory
- Correct Violations by  
 Next Inspection  
 8:00 AM on:

BEGIN	END
<input checked="" type="checkbox"/> 10:00A	<input checked="" type="checkbox"/> 10:30A
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 10:00PM	<input type="checkbox"/> 10:00PM
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
<u>090116</u>
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
<u>115742</u>
<input type="checkbox"/> 0
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 6
<input type="checkbox"/> 7
<input type="checkbox"/> 8
<input type="checkbox"/> 9

CERTIFICATE NUMBER
<u>13-48-01644</u>
<input type="checkbox"/> 0
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 6
<input type="checkbox"/> 7
<input type="checkbox"/> 8
<input type="checkbox"/> 9

- TYPE**
- Hospital
  - Nursing
  - Detention
  - Lounge
  - Civic
  - Movie
  - School
  - Residen.
  - Child
  - Limited
  - Other

DATE
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

OUT OF BUSINESS

*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> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 Sources, etc.</li> </ul> <p><b>FOOD PROTECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. Stored temperature</li> <li><input type="checkbox"/> 3. No further cooking. Rapid cooling</li> <li><input type="checkbox"/> 4 Thawing</li> <li><input type="checkbox"/> 5 Raw fruits</li> <li><input type="checkbox"/> 6. Pork cooking</li> <li><input type="checkbox"/> 7 Poultry cooking</li> <li><input type="checkbox"/> 8 Other animal cooking</li> <li><input type="checkbox"/> 9. Least contact Reheating</li> <li><input type="checkbox"/> 10. Food container</li> <li><input type="checkbox"/> 11. Buffet requirements</li> <li><input type="checkbox"/> 12. Self-service condiments</li> <li><input type="checkbox"/> 13. Reservice of food</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 14. Sneeze guards</li> <li><input type="checkbox"/> 15. Transportation of food</li> <li><input type="checkbox"/> 16. Poisonous Toxic materials</li> </ul> <p><b>PERSONNEL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17. Exclusion of personnel</li> <li><input type="checkbox"/> 18. Cleanliness</li> <li><input type="checkbox"/> 19. Tobacco use</li> <li><input type="checkbox"/> 20. Handwashing</li> <li><input type="checkbox"/> 21. Handling of dishware</li> </ul> <p><b>EQUIPMENT/UTENSILS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 22. Refrigeration facilities Thermometers</li> <li><input type="checkbox"/> 23. Sinks</li> <li><input type="checkbox"/> 24. Ice storage Counter-protector</li> <li><input checked="" type="checkbox"/> 25. Ventilation Storage Sufficient equipment</li> <li><input type="checkbox"/> 26. Dishwashing facilities</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Design and fabrication</li> <li><input type="checkbox"/> 28. Installation and location</li> <li><input type="checkbox"/> 29. Cleanliness of equipment</li> <li><input type="checkbox"/> 30. Methods of washing</li> </ul> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 31. Water supply</li> <li><input type="checkbox"/> 32. Ice</li> <li><input type="checkbox"/> 33. Sewage</li> <li><input type="checkbox"/> 34. Plumbing</li> <li><input type="checkbox"/> 35. Toilet facilities</li> <li><input checked="" type="checkbox"/> 36. Handwashing facilities</li> <li><input checked="" type="checkbox"/> 37. Garbage disposal</li> <li><input type="checkbox"/> 38. Vermin control</li> </ul>	<p><b>OTHER FACILITIES AND OPERATIONS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 39. Other facilities and operations</li> </ul> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 40. Temporary food service events</li> </ul> <p><b>VENDING MACHINES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 41. Vending machines</li> </ul> <p><b>MANAGER CERTIFICATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 42. Manager certification</li> </ul> <p><b>CERTIFICATES AND FEES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 43. Certificates and fees</li> </ul> <p><b>INSPECTION/ENFORCEMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 44. Inspection Enforcement</li> </ul>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
<u>36.</u>	<u>Replenish paper towels at handwash sink - *Fixed on site +</u>
<u>25.</u>	<u>Clean middle of hood above steamer</u>
<u>39.</u>	<u>Clean/scrub/sanitize water fountains in cafeteria</u>
<u>37.</u>	<u>Keep dumpster lids closed</u>

HEALTH DEPARTMENT INSPECTOR Vanessa H. Caputo PHONE (786) 779-1674  
 COPY OF REPORT RECEIVED BY Vanessa N. Cunningham DATE 09/01/2016