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

PURPOSE:
- [x] ROUTINE
- [ ] CONSTRUCT
- [ ] COMPLAINT
- [ ] OA SURVEY
- [ ] OTHER
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] OTHER

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
- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [x] Next Inspection
- [ ] 8:00 AM on:

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
10:00A	10:30A	09 01 16	115742	13-48-01644		
1 [x]	1 00				Hospital	0 0 0 0 05
2 05 [x]	2 05 [x]				Nursing	1 1 1 1 06
3 10 PM	3 10 PM	[x] 0 [x] 0 05	0 0 0 0 0	0 0 0 0 [x] 0 0 0 0	Detention	2 2 2 07
4 15	4 15	1 1 1 [x] 16	1 1 1 1 1	[x] 1 1 1 [x] 1 1 1	Lounge	3 3 3 08
5 20	5 20	2 2 2 07	2 2 2 2 2	2 2 2 2 2 2 2 2 2	Civic	4 4 09
6 25	6 25	3 3 3 08	3 3 3 3 3	3 [x] 3 3 3 3 3 3 3	Movie	5 5 10
7 30	7 [x]	4 4 09	4 4 4 4 4	4 4 [x] 4 4 4 4 [x] [x]	School	6 6 11
8 35	8 35	5 5 10	5 5 5 5 5	5 5 5 5 5 5 5 5 5	Residen.	7 7 12
9 40	9 40	6 6 11	6 6 6 6 6	6 6 6 6 6 6 6 [x] 6 6	Child	8 8 13
[x] 45	[x] 45	7 7 12	7 7 7 7 7	7 7 7 7 7 7 7 7 7	Limited	9 9 14
11 50	11 50	8 8 13	8 8 8 8 8	8 8 8 [x] 8 8 8 8 8	Other	
12 55	12 55	[x] 9 14	9 9 9 9 9	9 9 9 9 9 9 9 9 9		

- [ ] 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.

FOOD SUPPLIES
- [ ] 1. Sources, etc.

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
- [ ] 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
- [ ] 17. Exclusion of personnel
- [ ] 18. Cleanliness
- [ ] 19. Tobacco use
- [ ] 20. Handwashing
- [ ] 21. Handling of dishware

EQUIPMENT/UTENSILS
- [ ] 22. Refrigeration facilities/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [x] 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
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities
- [x] 36. Handwashing facilities
- [x] 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

ITEM NUMBERS — **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

36. Replenish paper towels at handwash sink - *Fixed on site +
25. Clean middle of hood above steamer
39. Clean/scrub/sanitize water fountains in cafeteria
37. Keep dompster lids closed

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

DH Form 4023, 1/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS