

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-48-09475
Name of Facility: Phyllis R. Miller Elem.
Address: 840 NE 87 Street
City, Zip: Miami 33138

**Correct By: None
Re-Inspection Date: None**

Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition
Person In Charge: Kristin Hayes Phone: (305) 756-3800

Inspection Information

Purpose: Reinspection
Inspection Date: 1/11/2017

Begin Time: 09:05 AM
End Time: 09:35 AM

Additional Information

No Additional Information Available

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.

Violation Markings

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

Inspector Signature:

Client Signature:

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



2 of 2

General Comments

Leak in walk-in repaired.
Leak under hand wash sink repaired.
Water fountain repaired.

Email Address(es): ipalacio@dadeschools.net;
jaybolton@dadeschools.net;
jware@dadeschools.net;
khayes@dadeschools.net;
cboyd7@dadeschools.net

Violations Comments

No Violation Comments Available

Inspection Conducted By: Vanessa Capriglione (115742)
Inspector Contact Number: Work: (305) 623-3500 ex. 23722
Print Client Name:
Date: 1/11/2017

Inspector Signature:

Handwritten signature of Vanessa Capriglione.

Client Signature:

Handwritten signature of Keston G. Hengel.