

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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-04608
Name of Facility: Fairlawn Elem
Address: 444 SW 60 Avenue
City, Zip: Miami 33144

Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition
Person In Charge: Heather Tyler Phone: (305) 261-8880

Correct By: Next Inspection
Re-Inspection Date: None

Inspection Information

Purpose: Routine
Inspection Date: 6/5/2017

Begin Time: 11:30 AM
End Time: 12:30 PM

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	X 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	X 22. Refrigeration facilities/Thermometers	X 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	

General Comments

No General Comments Available

Email Address(es): hdyler@dadeschools.net;
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271512@dadeschools.net;

Inspector Signature:

Client Signature:

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Violations Comments

<p>Violation #22. Refrigeration facilities/Thermometers</p> <p>Repair or replace refrigerator R-2.</p> <p>CODE REFERENCE: Refrigerators. 64E-11.006(1), (1)(a). There will be sufficient, working, refrigerators. Each refrigerator will have a working thermometer.</p>
<p>Violation #37. Garbage disposal</p> <p>Keep closed at all times the lids of the outdoor garbage dumpster.</p> <p>CODE REFERENCE: Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.</p>
<p>Violation #39. Other facilities and operations</p> <p>Eliminate small area of peeling paint on one end of the kitchen's hood and repaint as necessary.</p> <p>Clean the kitchen's wall fans.</p> <p>CODE REFERENCE: Other Facilities and Operations. Walls and Ceilings 64E-11.008 (2) Light fixtures, fans, hoods and other equipment and materials attached to walls or ceilings shall be kept clean.</p>

Inspection Conducted By: Osvaldo Samper (67699)
Inspector Contact Number: Work: (305) 623-3500
Print Client Name: Heather Tyler
Date: 6/5/2017

Inspector Signature:

A handwritten signature in blue ink, appearing to read "Osvaldo Samper".

Client Signature:

A handwritten signature in blue ink, appearing to read "Heather Tyler".