STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE INSPECTION REPORT

PURPOSE:

- [x] ROUTINE
- [ ] CONSTRUCT.
- [ ] COMPLAINT
- [ ] QA SURVEY
- [ ] OTHER
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] OTHER

NAME OF ESTABLISHMENT: Gertrude K Edelman Elem

ADDRESS: 17101 NE 7 Ave CITY: Miami

OWNER: DCPS ZIP: 33162

PERSON IN CHARGE: Lourdes Napoles PHONE: (305) 651-8441

RESULTS

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

Correct Violations by

- [x] Next Inspection
- [ ] 8:00 AM on:

BEGIN	END
9:00 AM	9:47 AM

DATE	POSITION #	CERTIFICATE NUMBER	TYPE
08 27 15	4-452	13-48-191015	School

00	00	00	00	00	00	00	05
05 AM	05 AM	05 AM	05 AM	05 AM	05 AM	05 AM	06
10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	07
15	15	15	15	15	15	15	08
20	20	20	20	20	20	20	09
25	25	25	25	25	25	25	10
30	30	30	30	30	30	30	11
35	35	35	35	35	35	35	12
40	40	40	40	40	40	40	13
45	45	45	45	45	45	45	14
50	50	50	50	50	50	50	
55	55	55	55	55	55	55	

- [ ] Hospital
- [ ] Nursing
- [ ] Detention
- [ ] Lounge
- [ ] Civic
- [ ] Movie
- [x] School
- [ ] Residen.
- [ ] Child
- [ ] Limited
- [ ] Other

Correct Violations by Next Inspection 8:00 AM on:

DATE				
00	00	00	00	05
11	11	11	11	06
	22	22	22	07
	33	33	33	08
	44		44	09
	55		55	10
	66		66	11
	77		77	12
	88		88	13
	99		99	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.

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
- [ ] 25. Ventilation/Storage/Sufficient equipment
- [ ] 26. Dishwashing facilities
- [x] 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
- [ ] 36. Handwashing facilities
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control

OTHER FACILITIES AND OPERATIONS
- [ ] 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

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS	
27, 39	Repair broken door on Mach in freezer (work order Placed)

HEALTH DEPARTMENT INSPECTOR: Ella Randle Thompson PHONE: (305) 623-3100

COPY OF REPORT RECEIVED BY: X Lourdes Napoles DATE: 8/27/15

Lourdes Napoles

ESTABLISHMENT/FACILITY

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