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



RESULT: Satisfactory Facility Information

Permit Number: 13-48-1367846

Name of Facility: Eugenia B. Thomas, MLC/Loc.#0071A

Address: 5950 NW 114 Avenue

City, Zip: Miami 33178

Type: School (more than 9 months) Owner: Miami-Dade County School Board

Person In Charge: Miami-Dade County School Board Phone: (786) 275-0400

PIC Email: htyler@dadeschools.net

Inspection Information

Begin Time: 08:00 AM Purpose: Reinspection Number of Risk Factors (Items 1-29): 0 Inspection Date: 3/12/2021 Number of Repeat Violations (1-57 R): 0 End Time: 09:20 AM

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: No

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- N 2. Certified Manager/Person in charge present **EMPLOYEE HEALTH**
- IN 3. Knowledge, responsibilities and reporting
- N 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- IN 6. Proper eating, tasting, drinking, or tobacco use
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- No bare hand contact with RTE food
- IN 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
- IN 11. Food obtained from approved source
- N 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- IN 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- **IN** 21. Hot holding temperatures
- N 22. Cold holding temperatures
- IN 23. Date marking and disposition
- N 24. Time as PHC; procedures & records
 - **CONSUMER ADVISORY**
- NA 25. Advisory for raw/undercooked food
 - HIGHLY SUSCEPTIBLE POPULATIONS
- IN 26. Pasteurized foods used; No prohibited foods
- ADDITIVES AND TOXIC SUBSTANCES **IN** 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
- - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:

A4,

Client Signature:

E-mail sent to HD.Tyler:03/12/21

Form Number: DH 4023 03/18 13-48-1367846 Eugenia B. Thomas, MLC/ Loc.#0071A

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Good Retail Practices

SAFE FOOD AND WATER

IN 30. Pasteurized eggs used where required

IN 31. Water & ice from approved source

NA 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

IN 33. Proper cooling methods; adequate equipment

IN 34. Plant food properly cooked for hot holding

N 35. Approved thawing methods

IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

IN 38. Insects, rodents, & animals not present

IN 39. No Contamination (preparation, storage, display)

IN 40. Personal cleanliness

IN 41. Wiping cloths: properly used & stored

IN 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

IN 43. In-use utensils: properly stored

IN 44. Equipment & linens: stored, dried, & handled

IN 45. Single-use/single-service articles: stored & used

IN 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces

IN 48. Ware washing: installed, maintained, & used; test strips

Non-food contact surfaces clean

PHYSICAL FACILITIES

OUT 50. Hot & cold water available; adequate pressure

IN 51. Plumbing installed; proper backflow devices

N 52. Sewage & waste water properly disposed

N 53. Toilet facilities: supplied, & cleaned

N 54. Garbage & refuse disposal IN 55. Facilities installed, maintained, & clean

N 56. Ventilation & lighting

IN 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

Violation #50. Hot & cold water available: adequate pressure

Mop Sink: Water temperature 78°F (failed water temperature test).

Mop Sink: Water temperature must reach a minimum of 100°F (water temperature must be between 100°F - 120°F).

Repair and/or replace water heater.

CODE REFERENCE: 64E-11.003(5)(a). The water source shall be of sufficient capacity to meet the peak hot and cold water demands of the establishment and provide water under pressure.

Inspector Signature:

A4,

E-mail sent to HDTyler: 03/12/21

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General Comments

Re-inspection done during COVID-19.
Portable Handwash Sink: Water temperature 103°F.
Facility s in the process to change water tank and water heater for a better functional unit.
Morris Salty (Assistant principal), assisted with Re-inspection.
Heather D. Tyler (Principal), was informed of Re-inspection outcomes.

Email Address(es): hdtyler@dadeschools.net; ipalacio@dadeschools.net; jaybolton@dadeschools.net; jware@dadeschools.net; jware@dadeschools.net; kbrant@dadeschools.net; moesalthy@dadeschools.net;

Inspection Conducted By: Alberto Reyes (913936) Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name: Date: 3/12/2021

Inspector Signature:

AL

Client Signature:

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