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



RESULT: Satisfactory **Facility Information**

Permit Number: 13-48-02412

Name of Facility: Hadley, Charles R. Elementary/ Loc.# 2331

Address: 8400 NW 7 Street City, Zip: Miami 33126

Type: School (more than 9 months) Owner: M-DCSB Food and Nutrition

Person In Charge: M-DCSB Food and Nutrition Phone: (786) 275-0400

PIC Fmail:

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 08:30 AM Inspection Date: 2/17/2023 End Time: 09:30 AM Number of Repeat Violations (1-57 R): 1

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
- NO 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 (COS)
- N 22. Cold holding temperatures
- IN 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records

CONSUMER ADVISORY

NA 25. Advisory for raw/undercooked food

HIGHLY SÚSCEPTIBLE 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

Client Signature:

NA 29. Variance/specialized process/HACCP

Inspector Signature:

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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

NO 35. Approved thawing methods

IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

IN 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

OUT 47. Food & non-food contact surfaces (R)

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

IN 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

IN 50. Hot & cold water available; adequate pressure

51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

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

N 55. Facilities installed, maintained, & cle

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 #47. Food & non-food contact surfaces

Observed gas oven PC 1004108 is out of order. Repair gas oven.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Violation #54. Garbage & refuse disposal

Observed trash and shopping carts in the dumpster garbage area. Remove trash and shopping carts.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

Inspector Signature:

CM

Client Signature:

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General Comments

Inspection report emailed to Jordana Schneider on 02/17/2023.

Digital thermometer model DPP400W was used during the inspection.

Temperatures taken:
Handwashing sink:114°F.
Three compartment sink:115°F.
Mop sink: 118°F.
Walk-in refrigerator:36°F.
Walk-in freezer:-2°F.
Reach-in refrigerator:37°F.
Pizza: 145°F.
Empanada: 149°F.
Mini cheeseburgers: 152°F.

Milk: 40°F. Sanitize solution: 200 ppm.

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308056@dadeschools.net; jaybolton@dadeschools.net; mwertz@dadeschools.net; ipalacio@dadeschools.net; wcabrera@dadeschools.net

Inspection Conducted By: Cesar Martinez (085423) Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name: Date: 2/17/2023

Inspector Signature:

Form Number: DH 4023 03/18

CM

Client Signature:

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