

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-48-14205
Name of Facility: William Turner Technical
Address: 10151 NW 19 Avenue
City, Zip: Miami 33147

Correct By: Next Inspection
Re-Inspection Date: None

Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition
Person In Charge: ruenda kee Phone: 305-693-6538

Inspection Information

Purpose: Routine
Inspection Date: 4/20/2016

Begin Time: 10:00 AM
End Time: 10:50 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

- | | | |
|---|---|--|
| <p>FOOD SUPPLIES
1. Sources, etc.</p> <p>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</p> <p>PERSONNEL</p> | <p>17. Exclusion of personnel
18. Cleanliness
19. Tobacco use
20. Handwashing
21. Handling of dishware
EQUIPMENT/UTENSILS
X 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</p> | <p>X 34. Plumbing
35. Toilet facilities
36. Handwashing facilities
37. Garbage disposal
38. Vermin control
OTHER FACILITIES AND OPERATIONS
X 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</p> |
|---|---|--|

General Comments

No General Comments Available

Email Address(es): ruendakee@dadeschools.net

Inspector Signature:

Client Signature:

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Violations Comments

<p>Violation #22. Refrigeration facilities/Thermometers Assure that ref unit at serving line with PC 0699008 is reading a safe temperature of 41F or below. At time of inspection, reading temperature of ref unit was 58F 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 #27. Design and fabrication Repair gasket of ref unit PC 0698812 CODE REFERENCE: Designed. 64E-11.006(2). All equipment will be the proper design and fabrication.</p>
<p>Violation #34. Plumbing Unclog floor drain in in room 138C and all other applicable drains CODE REFERENCE: Plumbing. 64E-11.007(3). Plumbing will comply with the plumbing authority having jurisdiction. Backflow prevention will be provided where needed.</p>
<p>Violation #39. Other facilities and operations Replace discolored ceiling tiles throughout the kitchen Clean vents above mixer to remove dust accumulation CODE REFERENCE; Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.</p>

Inspection Conducted By: Naissa Julien (31113)
Work: (305) 623-3500 ex. 24222
Date: 4/20/2016

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.