

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY OTHER
 OTHER _____

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Sweetwater Elementary
ADDRESS 10655 SW 4 ST **CITY** Miami
OWNER MOEPS **ZIP** 33174
PERSON IN CHARGE JANET OLIVERA **PHONE** (305) 559-1101

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
1030	1115	10 18 13	82515	13-48-13419	<input type="checkbox"/> Hospital
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> Nursing
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> Detention
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> Lounge
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> Civic
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> Movie
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> Residen.
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> Child
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> Limited
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> Other

Violations below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 382, Florida Statutes. The date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

FOOD SUPPLIES <input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food	<input checked="" type="checkbox"/> 27. Design and fabrication <input checked="" type="checkbox"/> 28. Installation and location	OTHER FACILITIES AND OPERATIONS <input type="checkbox"/> 39. Other facilities and operations
FOOD PROTECTION <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/Reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reservice of food	PERSONNEL <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware	SANITARY FACILITIES AND CONTROLS <input type="checkbox"/> 30. Methods of washing <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input checked="" type="checkbox"/> 37. Garbage disposal <input checked="" type="checkbox"/> 38. Vermin control	TEMPORARY FOOD SERVICE EVENTS <input type="checkbox"/> 40. Temporary food service events
	EQUIPMENT/UTENSILS <input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities		VENDING MACHINES <input type="checkbox"/> 41. Vending machines
			MANAGER CERTIFICATION <input type="checkbox"/> 42. Manager certification
			CERTIFICATES AND FEES <input type="checkbox"/> 43. Certificates and fees
			INSPECTION/ENFORCEMENT <input type="checkbox"/> 44. Inspection/Enforcement

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
12728	Repair Top side for oven.
1272822	Repair leak in milk box refrigerator
12738	Provide missing lids for one dumpster

HEALTH DEPARTMENT INSPECTOR: MARIA A. OLIVERA **PHONE:** (986) 216-9759
COPY OF REPORT RECEIVED BY: Janet Olivera **DATE:** 10/18/13

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

ESTABLISHMENT/FACILITY