

**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 ELEM.

**ADDRESS** 10655 SW 45T      **CITY** MIAMI

**OWNER** MDCPS.      **ZIP** 33174

**PERSON IN CHARGE** MICHEL MOISELIER      **PHONE** 305 559-3191

**RESULT**

Satisfactory

Incomplete

Unsatisfactory

**Correct Violations by**

Next Inspection

8:00 AM on:

DATE	
00	00
01	01
02	02
03	03
04	04
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
00	00	07/17/09	13809	13-48-13419	<input type="checkbox"/> Hospital
01	01	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> Nursing
02	02	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> Detention
03	03	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> Lounge
04	04	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> Civic
05	05	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> Movie
06	06	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input checked="" type="checkbox"/> School
07	07	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> Residen.
08	08	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> Child
09	09	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> Limited
10	10	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> Other

*Violations of Chapter 64E-11 of the Florida Administrative Code and must be corrected within 14 days of the date of inspection. Failure to do so is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 163 and 164 of the Florida Statutes. A fine as indicated in the Results section above or an administrative fine or other legal action will be taken.*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> 1. Sources, etc.                    | <input type="checkbox"/> 14. Sneeze guards                            | <input checked="" type="checkbox"/> 27. Design and fabrication | <b>OTHER FACILITIES AND OPERATIONS</b>                       |
| <b>FOOD PROTECTION</b>                                       | <input type="checkbox"/> 15. Transportation of food                   | <input type="checkbox"/> 28. Installation and location         | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 2. Stored temperature               | <input type="checkbox"/> 16. Poisonous/Toxic materials                | <input type="checkbox"/> 29. Cleanliness of equipment          | <b>TEMPORARY FOOD SERVICE EVENTS</b>                         |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing                | <input type="checkbox"/> 40. Temporary food service events   |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES AND CONTROLS</b>                        | <b>VENDING MACHINES</b>                                      |
| <input type="checkbox"/> 5. Raw fruits                       | <input type="checkbox"/> 18. Cleanliness                              | <input type="checkbox"/> 31. Water supply                      | <input type="checkbox"/> 41. Vending machines                |
| <input type="checkbox"/> 6. Pork cooking                     | <input type="checkbox"/> 19. Tobacco use                              | <input type="checkbox"/> 32. Ice                               | <b>MANAGER CERTIFICATION</b>                                 |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 20. Handwashing                              | <input type="checkbox"/> 33. Sewage                            | <input type="checkbox"/> 42. Manager certification           |
| <input type="checkbox"/> 8. Other animal cooking             | <input type="checkbox"/> 21. Handling of dishware                     | <input type="checkbox"/> 34. Plumbing                          | <b>CERTIFICATES AND FEES</b>                                 |
| <input type="checkbox"/> 9. Least contact/Reheating          | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 35. Toilet facilities                 | <input type="checkbox"/> 43. Certificates and fees           |
| <input type="checkbox"/> 10. Food container                  | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 36. Handwashing facilities            | <b>INSPECTION/ENFORCEMENT</b>                                |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 37. Garbage disposal                  | <input type="checkbox"/> 44. Inspection/Enforcement          |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 24. Ice storage/Counter-protector            | <input type="checkbox"/> 38. Vermin control                    |  |
| <input type="checkbox"/> 13. Reserve of food                 | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment |  |  |
|  | <input type="checkbox"/> 26. Dishwashing facilities                   |  |  |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
27	Replace Freezer FC 053125.
27	Replace use in preparation under 22 WORKS 1000

HEALTH DEPARTMENT INSPECTOR: Glenn Baccaro      PHONE: 305 487-1212

COPY OF REPORT RECEIVED BY: Michel Moise      DATE: 9-17-09

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

ESTABLISHMENT/FACILITY