

**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 Miami Central Sr. High  
 ADDRESS 1781 NW 95 St CITY Miami  
 OWNER DCSB ZIP 33147  
 PERSON IN CHARGE Dillon M. Williams PHONE (305) 696-4161

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
0 0 0 0 0 05
1 1 1 1 1 06
2 2 2 2 2 07
3 3 3 3 3 08
4 4 4 4 4 09
5 5 5 5 5 10
6 6 6 6 6 11
7 7 7 7 7 12
8 8 8 8 8 13
9 9 9 9 9 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
2 15 A 9 30 A		09 08 15	27458	13-48-09216	
1 00	1 00	0 0 0 0 0 05	0 0 0 0 0 0	0 0 0 0 0 0 0	<input type="checkbox"/> Hospital
2 05 AM	2 05 AM	1 1 1 1 1 06	1 1 1 1 1 1	1 1 1 1 1 1 1	<input type="checkbox"/> Nursing
3 10 PM	3 10 PM	2 2 2 2 2 07	2 2 2 2 2 2	2 2 2 2 2 2 2	<input type="checkbox"/> Detention
4 15	4 15	3 3 3 3 3 08	3 3 3 3 3 3	3 3 3 3 3 3 3	<input type="checkbox"/> Lounge
5 20	5 20	4 4 4 4 4 09	4 4 4 4 4 4	4 4 4 4 4 4 4	<input type="checkbox"/> Civic
6 25	6 25	5 5 5 5 5 10	5 5 5 5 5 5	5 5 5 5 5 5 5	<input type="checkbox"/> Movie
7 30	7 30	6 6 6 6 6 11	6 6 6 6 6 6	6 6 6 6 6 6 6	<input checked="" type="checkbox"/> School
8 35	8 35	7 7 7 7 7 12	7 7 7 7 7 7	7 7 7 7 7 7 7	<input type="checkbox"/> Residen.
9 40	9 40	8 8 8 8 8 13	8 8 8 8 8 8	8 8 8 8 8 8 8	<input type="checkbox"/> Child
10 45	10 45	9 9 9 9 9 14	9 9 9 9 9 9	9 9 9 9 9 9 9	<input type="checkbox"/> Limited
11 50	11 50				<input type="checkbox"/> Other
12 55	12 55				

*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.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
34	increase water pressure at handsinks near 3 comp sinks (corrected on site)

HEALTH DEPARTMENT INSPECTOR: Laissa Vilmona PHONE: 305-693-3500 ext 23142  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 9/8/15

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

ESTABLISHMENT/FACILITY