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



**RESULT:** Satisfactory **Facility Information** 

Permit Number: 13-48-03886

Name of Facility: Stirrup Elementary, E.W.F./ Loc.# 5381

Address: 330 NW 97 Avenue City, Zip: Miami 33172

Type: School (more than 9 months)

Owner: MDCPS

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

PIC Fmail:

**Inspection Information** 

Number of Risk Factors (Items 1-29): 0 Begin Time: 01:00 PM Purpose: Routine End Time: 02:00 PM Inspection Date: 8/28/2023 Number of Repeat Violations (1-57 R): 0

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
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- NO 21. Hot holding temperatures
- 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
- N 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
  - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

**Inspector Signature:** 

**Client Signature:** Dur

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



## **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

N 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

N 43. In-use utensils: properly stored

IN 44. Equipment & linens: stored, dried, & handled

N 45. Single-use/single-service articles: stored & used

NO 46. Slash resistant/cloth gloves used properly

### **UTENSILS, EQUIPMENT AND VENDING**

IN 47. Food & non-food contact surfaces

IN 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

IN 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 56. Ventilation & lighting

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 #54. Garbage & refuse disposal

Observed garbage dumpster lids open. Maintain garbage dumpster lids close to avoid vector harborage.

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:** 

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**Client Signature:** 

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# **General Comments**

Inspection report emailed to Naomi P. Simon on 08/28/2023.

Digital thermometer model Thermopen ONE was used during the inspection. At the time of the inspection no hot food was available to test temperatures.

Temperatures taken: Handwashing sink: 118°F. Three compartment sink: 119°F. Mop sink:123°F. Walk-in cooler:36°F. Walk-in freezer:-2°F. Reach-in refrigerator:37°F. Milk / Walk-in cooler: 39°F.

Sanitize solution (STFS 17): 200 ppm.

Email Address(es): npsimon@dadeschools.net; ecano@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: 8/28/2023

**Inspector Signature:** 

**Client Signature:** 

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