



Lake Stevens Middle School



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 Lake Stevens Middle School
 ADDRESS 18484 NW 48th CITY Miami
 OWNER MDP 13 ZIP 33055
 PERSON IN CHARGE _____ PHONE 305 620-1299

RESULTS

- Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
2:00	2:30	10/22/09	02316	13-48-07836	<input type="checkbox"/> Hospital
1:00	1:00	0	0	0	<input type="checkbox"/> Nursing
2:05 AM	2:05 AM	0	0	0	<input type="checkbox"/> Detention
3:10 PM	3:10 PM	0	0	0	<input type="checkbox"/> Lounge
4:15	4:15	0	0	0	<input type="checkbox"/> Civic
5:20	5:20	2	2	2	<input type="checkbox"/> Movie
6:25	6:25	3	3	3	<input checked="" type="checkbox"/> School
7:30	7:30	4	4	4	<input type="checkbox"/> Residen.
8:35	8:35	5	5	5	<input type="checkbox"/> Child
9:40	9:40	6	6	6	<input type="checkbox"/> Limited
10:45	10:45	7	7	7	<input type="checkbox"/> Other
11:50	11:50	8	8	8	
12:55	12:55	9	9	9	

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(27)	Keep dumpster lid closed closed at all times behind kitchen area.

HEALTH DEPARTMENT INSPECTOR: Cynthia Brown PHONE: 301-623-3300
 COPY OF REPORT RECEIVED BY: Cynthia Brown DATE: 10/22/09
 DH Form 4023, 1/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY