

**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 Quibase Elementary School
 ADDRESS 12829 SW 272 ST CITY Homestead
 OWNER MDCPS ZIP 33032
 PERSON IN CHARGE Raul Calzadilla PHONE 305 284 3676

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
7:30 AM	8:00 AM	09/07/10	84600	13-48-00382	<input type="checkbox"/> Hospital
<input type="checkbox"/> 00	<input type="checkbox"/> 00				<input type="checkbox"/> Nursing
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM				<input type="checkbox"/> Detention
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM				<input type="checkbox"/> Lounge
<input type="checkbox"/> 15	<input type="checkbox"/> 15				<input type="checkbox"/> Civic
<input type="checkbox"/> 20	<input type="checkbox"/> 20				<input type="checkbox"/> Movie
<input type="checkbox"/> 25	<input type="checkbox"/> 25				<input checked="" type="checkbox"/> School
<input type="checkbox"/> 30	<input type="checkbox"/> 30				<input type="checkbox"/> Residen.
<input type="checkbox"/> 35	<input type="checkbox"/> 35				<input type="checkbox"/> Child
<input type="checkbox"/> 40	<input type="checkbox"/> 40				<input type="checkbox"/> Limited
<input type="checkbox"/> 45	<input type="checkbox"/> 45				<input type="checkbox"/> Other
<input type="checkbox"/> 50	<input type="checkbox"/> 50				
<input type="checkbox"/> 55	<input type="checkbox"/> 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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
27, 29	Repair/replace big niper asmt with oil leaks from the engine (could be contaminating the niper). (or seal)
22	Repair/replace refrigerator (only out of walk in's) with more than 45°F (do not use it in the meanwhile is repaired).

HEALTH DEPARTMENT INSPECTOR: E. Valdes PHONE: 305 284 0980
 COPY OF REPORT RECEIVED BY: Raul Calzadilla DATE: 09/07/10

ESTABLISHMENT/FACILITY