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



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

Permit Number: 13-48-1274947

Name of Facility: Coral Reef Sr. HS - #2 Address: 10101 SW 151 Street

City, Zip: Miami 33157

Type: School (more than 9 months)

Owner: M-DCSB Food and Nutrition

Person In Charge: Anthony Burns Phone: (305)-232-2044 PIC Email: tburns@dadeschools.net

**Inspection Information** 

Number of Risk Factors (Items 1-29): 0 Purpose: Routine Begin Time: 11:15 AM Inspection Date: 11/6/2020 Number of Repeat Violations (1-57 R): 0 End Time: 11:55 AM

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
- N 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 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
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- IN 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:** 

Form Number: DH 4023 03/18 13-48-1274947 Coral Reef Sr. HS - #2

**Client Signature:** 

Email to: Pothony Baros/11-6-2020

# 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

N 35. Approved thawing methods

**IN** 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

N 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

N 41. Wiping cloths: properly used & stored

IN 42. Washing fruits & vegetables

#### PROPER USE OF UTENSILS

IN 43. In-use utensils: properly stored

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

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

IN 46. Slash resistant/cloth gloves used properly

#### UTENSILS, EQUIPMENT AND VENDING

**OUT** 47. Food & non-food contact surfaces

N 48. Ware washing: installed, maintained, & used; test strips

Non-food contact surfaces clean

#### PHYSICAL FACILITIES

IN 50. Hot & cold water available; adequate pressure

N 51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

| 54. Garbage & refuse disposal | N 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 #47. Food & non-food contact surfaces

-Replace broken door gasket in reach-in refrigerator.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

**Inspector Signature:** 

Form Number: DH 4023 03/18

**Client Signature:** 

Email to: Pothony Burns/11-6-2020

/18 13-48-1274947 Coral Reef Sr. HS - #2

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



## **General Comments**

Satisfactory

Temperature taken:

Hot water/Handwashing sink: 110°F

Refrigerator: 38°F

Hot holding

Spicy chicken tenders: 138°F Baked fried potato: 136°F

Cold holding Milk: 41°F

Inspection was conducted during the COVID-19 pandemic. Email to: Anthony Burns/11-6-2020

Email Address(es): tburns@dadeschools.net;

gjones9300@dadeschools.net; nbergmacinnes@dadeschools.net; Iglidden@dadeschools.net; jaybolton@dadeschools.net; ipalacio@dadeschools.net; jware@dadeschools.net

Inspection Conducted By: Lucia Gonzalez Melendez (913031)

Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name: Coral Reef Sr. HS - #2

Date: 11/6/2020

**Inspector Signature:** 

Form Number: DH 4023 03/18

**Client Signature:** 

Email to: Anthony Barns/11-6-2020

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