



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



**Facility Information Section**

**Satisfactory**

Permit Number: 13-48-1492781  
 Type: School (more than 9 months)  
 Owner: M-DCSB Food and Nutrition  
 Person In Charge: Maritza Correa Phone: (305) 228-4200  
 Name of Facility: Dr. Manuel Barreiro ECC  
 Address: 16350 SW 47 Street  
 City, Zip: Miami 33185

**Inspection Results Information Section**

Purpose: Routine	Begin Time: 11:00 AM	Correct By: Next Inspection
Inspection Date: 5/19/2016	End Time: 11:30 AM	Re-Inspection Date: None

**Additional Information Section**

No Additional Information Available

*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.*

**Violation Markings Section**

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

No General Comments Available

Inspector Signature:

Client Signature:



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**Violations Comments Section**

36. Handwashing facilities

Provide hot and cold running water for the hand-wash sink inside the kitchen. The employees are using the hand-wash sink inside the bathroom adjacent to the kitchen.

Handwash Sinks. 64E-11.007(5). Handwash facilities will be located in employees' restrooms, food prep areas, and in mechanical dishwash areas.

37. Garbage disposal

Replace the missing drain plug of the 2 Cu. Yd. outdoor garbage dumpster.

Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Inspection Conducted By: Osvaldo Samper (67699)  
Phone: (305) 623-3500  
Received By: Signed  
Date: 5/19/2016

Inspector Signature:

A handwritten signature in black ink, appearing to be "Osvaldo Samper".

Client Signature:

A handwritten signature in black ink, appearing to be a stylized "Jh".