

**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 Aspara Eugenio Maria De Hostos Charter School

ADDRESS 1910 NE Miami Court **CITY** Miami

OWNER Same as **ZIP** 33137

PERSON IN CHARGE Angela Garcia **PHONE** (305) 576-1512

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

DATE		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 09
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
<input type="checkbox"/> 00	<input type="checkbox"/> 00	08 25 11	32763	13 - 48 - 17819	<input type="checkbox"/> Hospital
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Nursing
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Detention
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Lounge
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Civic
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Movie
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Residen.
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Child
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Limited
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Other
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	

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 checked="" type="checkbox"/> 29. Cleanliness of equipment	<input checked="" 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 checked="" 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 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 checked="" type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
29	Clean/Sanitize inside ice machine
22	Provide thermometer for refrigerator in storage room
39	Remove excess storage from under sinks in kitchen
26	Utility sink should only be used for its intended purpose.

HEALTH DEPARTMENT INSPECTOR: Cynthia B. Campos PHONE: (305) 623-3500

COPY OF REPORT RECEIVED BY: Angela Garcia DATE: 08/25/11