

**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**

Charter School

NAME OF ESTABLISHMENT *Aspra Raul Arnaldo Martinez*
 ADDRESS *13300 Memorial Hwy* CITY *Miami*
 OWNER *Aspra of Florida Inc* ZIP *33161*
 PERSON IN CHARGE *Ivana D Pena* PHONE *(305) 893-8050*

Eugenie Mompieri Principal 1314976

BEGIN	END
<input type="checkbox"/> 9:35 Am	<input type="checkbox"/> 10:11 Am
<input type="checkbox"/> 10:05	<input type="checkbox"/> 10:05
<input type="checkbox"/> 10:10	<input type="checkbox"/> 10:10
<input type="checkbox"/> 10:15	<input type="checkbox"/> 10:15
<input type="checkbox"/> 10:20	<input type="checkbox"/> 10:20
<input type="checkbox"/> 10:25	<input type="checkbox"/> 10:25
<input type="checkbox"/> 10:30	<input type="checkbox"/> 10:30
<input type="checkbox"/> 10:35	<input type="checkbox"/> 10:35
<input type="checkbox"/> 10:40	<input type="checkbox"/> 10:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 10:50	<input type="checkbox"/> 10:50
<input type="checkbox"/> 10:55	<input type="checkbox"/> 10:55

DATE
<input type="checkbox"/> 09/2/11
<input type="checkbox"/> 09/03/11
<input type="checkbox"/> 09/04/11
<input type="checkbox"/> 09/05/11
<input type="checkbox"/> 09/06/11
<input type="checkbox"/> 09/07/11
<input type="checkbox"/> 09/08/11
<input type="checkbox"/> 09/09/11
<input type="checkbox"/> 09/10/11
<input type="checkbox"/> 09/11/11
<input type="checkbox"/> 09/12/11
<input type="checkbox"/> 09/13/11
<input type="checkbox"/> 09/14/11

POSITION
<input type="checkbox"/> 47452
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CERTIFICATE NUMBER
<input type="checkbox"/> 13-48-
<input type="checkbox"/> 1000000
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TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

FOOD SUPPLIES	<input type="checkbox"/> 14. Sneeze guards	<input 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 checked="" type="checkbox"/> 39. Other facilities and operations
FOOD PROTECTION	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input 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. Certificates and fees
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 10. Food container	<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. Reserve of food	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
39	<i>replace stained tile in staff bathroom</i>
	<i>Email I D Pena @ dade schools.net</i>

HEALTH DEPARTMENT INSPECTOR: *Lisa Kandle Thompson* PHONE: *(305) 623-3500*
 COPY OF REPORT RECEIVED BY: *X Jose Casas* DATE: *9/12/11*