

**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 West View Elem  
 ADDRESS 3101 NW 127 St CITY Miami  
 OWNER DCPS ZIP 33167  
 PERSON IN CHARGE Katrina Daley PHONE (305) 688-3700

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

| DATE   |
|--------|
| 032309 |
| 000005 |
| 000006 |
| 22207  |
| 33308  |
| 44409  |
| 55510  |
| 66611  |
| 77712  |
| 88813  |
| 99914  |

OUT OF BUSINESS

| BEGIN                       | END                         | DATE                        | POSITION #                  | CERTIFICATE NUMBER          | TYPE                               |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------------|
| 12:00 PM                    | 12:50 PM                    | 03-19-09                    | 47452                       | 13-48-14791                 | <input type="checkbox"/> Hospital  |
| <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> 00 | <input type="checkbox"/> Nursing   |
| <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> Detention |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | <input type="checkbox"/> Lounge    |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 15 | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 | <input type="checkbox"/> Civic     |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 20 | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | <input type="checkbox"/> Movie     |
| <input type="checkbox"/> 25 | <input type="checkbox"/> 25 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> School    |
| <input type="checkbox"/> 30 | <input type="checkbox"/> 30 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> Residen.  |
| <input type="checkbox"/> 35 | <input type="checkbox"/> 35 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> Child     |
| <input type="checkbox"/> 40 | <input type="checkbox"/> 40 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 | <input type="checkbox"/> Limited   |
| <input type="checkbox"/> 45 | <input type="checkbox"/> 45 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 | <input type="checkbox"/> Other     |
| <input type="checkbox"/> 50 | <input type="checkbox"/> 50 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 |                                    |
| <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.*

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

| ITEM NUMBERS | COMMENTS AND INSTRUCTIONS<br>(continue on attached sheet) |
|--------------|---|
| 28, 39       | Repair hand sink. Floor Fixture (hot water)               |
| 28, 39       | Repair missing handle at sink table                       |
| 24, 39       | Clean inside freezer and hot box (Corrected 3/19/09)      |
| 22, 39       | Repair outdoor walk-in cooler (Seal & gaskets)            |

HEALTH DEPARTMENT INSPECTOR: Lea North Johnson PHONE: (305) 673-3700

COPY OF REPORT RECEIVED BY: Katrina Daley DATE: 3/19/09