



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT**



**PURPOSE:**

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- OTHER

**FOOD SERVICE  
INSPECTION REPORT**

NAME OF ESTABLISHMENT CARRIE P. NEEK / WESTVIEW K-8 CENTER.  
 ADDRESS 2101 NW 127 ST. CITY MIAMI  
 OWNER WDCPS ZIP 33167  
 PERSON IN CHARGE KATRINA DALEY PHONE (305) 688-9644

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
02/22/13	05
02/23/13	06
02/24/13	07
02/25/13	08
02/26/13	09
02/27/13	10
02/28/13	11
02/29/13	12
03/01/13	13
03/02/13	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:00 A	10:30 A	02/22/13	31137	13-48-1367754	<input checked="" type="checkbox"/> School
11:00	11:00				<input type="checkbox"/> Hospital
12:05	12:05				<input type="checkbox"/> Nursing
1:10	1:10				<input type="checkbox"/> Detention
2:15	2:15				<input type="checkbox"/> Lounge
3:20	3:20				<input type="checkbox"/> Civic
4:25	4:25				<input type="checkbox"/> Movie
5:30	5:30				<input type="checkbox"/> Residen.
6:35	6:35				<input type="checkbox"/> Child
7:40	7:40				<input type="checkbox"/> Limited
8:45	8:45				<input type="checkbox"/> Other
9:50	9:50				
10:55	10:55				

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
10, 29	Clean & sanitize meat slicer to be in good repair.
24, 29	Clean & sanitize ice machine.
39	Clean ceiling with dust buildup over serving area.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: (305) 623-3500  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 02/22/13  
 DH Form 4023, 1/05 (Obsoletes Previous Editions)  
 CHD/HEADQUARTERS