

**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 Citrus Grove Middle
 ADDRESS 2153 NW 35th CITY Miami
 OWNER DCSB ZIP 33125
 PERSON IN CHARGE Michael Gould PHONE (305) 642-3161

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
- Next Inspection
- 3:00 A.M. on:

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
8:00 AM	9:00 AM	09/10/09	32763	13-48-02871	<input type="checkbox"/> Hospital	09/10/09
9:05 AM	2:05 PM				<input type="checkbox"/> Nursing	09/11/09
10:10 AM	3:10 PM				<input type="checkbox"/> Dentition	09/22/09
11:15 AM	4:15 PM				<input type="checkbox"/> Lounge	09/23/09
12:20 PM	5:20 PM				<input type="checkbox"/> Civic	09/24/09
1:25 PM	6:25 PM				<input type="checkbox"/> Movie	09/25/09
2:30 PM	7:30 PM				<input type="checkbox"/> School	09/26/09
3:35 PM	8:35 PM				<input type="checkbox"/> Residen.	09/27/09
4:40 PM	9:40 PM				<input type="checkbox"/> Child	09/28/09
5:45 PM	10:45 PM				<input type="checkbox"/> Limited	09/29/09
6:50 PM	11:50 PM				<input type="checkbox"/> Other	
7:55 PM	12:55 AM					

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continual operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapter 381, and 386, Florida Statute. 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 AND OPERATIONS	
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location		<input type="checkbox"/> 29. Other facilities and operations
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment		TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	PERSONNEL	<input type="checkbox"/> 30. Methods of washing		<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw meats	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES	
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 21. Water supply	<input type="checkbox"/> 41. Vending machines	
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Cleanliness	<input type="checkbox"/> 21. Ice	MANAGER CERTIFICATION	
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 23. Storage	<input type="checkbox"/> 42. Manager certification	
<input type="checkbox"/> 9. Least contact/Reheating	EQUIPMENT/UTENSILS	<input type="checkbox"/> 24. Plumbing	CERTIFICATES AND FEES	
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities-Thermometers	<input type="checkbox"/> 25. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 25. Handwashing facilities	INSPECTION ENFORCEMENT	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 27. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement	
<input type="checkbox"/> 13. Reserve of food	<input type="checkbox"/> 25. Ventilation/Storage/Still/over equipment	<input type="checkbox"/> 28. Vermin control		
	<input type="checkbox"/> 26. Dishwashing facilities			

ITEM NUMBERS **COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

31 Hot water is at all sinks.
 Previous violations are pending correction. -omit
 Corrected on site.
 Satisfactory Inspection.

HEALTH DEPARTMENT INSPECTOR: Travis Morris PHONE: (305) 623-3500
 COPY OF REPORT RECEIVED BY: Yvonne Mack DATE: 09/10/09