

**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 Citrus Grove Middle School  
 ADDRESS 2153 NW 3 ST CITY Miami  
 OWNER MDCPS ZIP 33125  
 PERSON IN CHARGE Emirce Ladaga PHONE (305)642-5055

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:30 P	2:15 P	08/31/11	32763	13-48-02021	<input checked="" type="checkbox"/> School
1:00	1:00	0:0:0:05	0:0:0:0:0	0:0:0:0:0	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	1:1:1:06	1:1:1:1:1	1:1:1:1:1	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	2:2:2:07	2:2:2:2:2	2:2:2:2:2	<input type="checkbox"/> Detention
4:15	4:15	3:3:3:08	3:3:3:3:3	3:3:3:3:3	<input type="checkbox"/> Lounge
5:20	5:20	4:4:4:09	4:4:4:4:4	4:4:4:4:4	<input type="checkbox"/> Civic
6:25	6:25	5:5:5:10	5:5:5:5:5	5:5:5:5:5	<input type="checkbox"/> Movie
7:30	7:30	6:6:6:11	6:6:6:6:6	6:6:6:6:6	<input checked="" type="checkbox"/> School
8:35	8:35	7:7:7:12	7:7:7:7:7	7:7:7:7:7	<input type="checkbox"/> Residen.
9:40	9:40	8:8:8:13	8:8:8:8:8	8:8:8:8:8	<input type="checkbox"/> Child
10:45	10:45	9:9:9:14	9:9:9:9:9	9:9:9:9:9	<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

*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.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS <small>(continue on attached sheet)</small>
29	Clean air vents throughout kitchen and dining area
39	Repair mesh covering drain by tray machine
38	Provide new vermin strip for door in chemical room
27	Repair ice machine water leak outside of machine
Note: All pending violations have work orders in place to address issues.	

HEALTH DEPARTMENT INSPECTOR: Cynthia B. Pampou PHONE: (305)623-3500  
 COPY OF REPORT RECEIVED BY: Emirce Ladaga DATE: 09/01/2011

ESTABLISHMENT/FACILITY