

**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 Vincland K-8 Ctr.  
 ADDRESS 8455 SW. 114th St. CITY Miami  
 OWNER MDCPS ZIP 33156  
 PERSON IN CHARGE Mary MacLaren PHONE 3/238-7931

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE
00/00/00
01/01/00
02/02/00
03/03/00
04/04/00
05/05/00
06/06/00
07/07/00
08/08/00
09/09/00
10/10/00
11/11/00
12/12/00
01/13/01
02/14/01

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	11/04/13	27431	13-48-14567	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM				<input type="checkbox"/> Nursing
3:10 PM	3:10 PM				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
7:30	7:30				<input checked="" type="checkbox"/> School
8:35	8:35				<input type="checkbox"/> Residen.
9:40	9:40				<input type="checkbox"/> Child
10:45	10:45				<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.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory!

HEALTH DEPARTMENT INSPECTOR: Myronel Alvarado Jr. Alvarado Jr. PHONE: 623-3500  
 (COPY OF REPORT RECEIVED BY) Mary Ann MacLaren DATE: 11/4/13