

**FOOD SERVICE  
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
FOOD SERVICE  
INSPECTION REPORT**

Geocoded 25.890348/-80.315936

**PURPOSE:**

- ROUTINE     REINSPECTION  
 CONSTRUCT.     CHANGE OF OWNER  
 COMPLAINT     CONSULTATION  
 QA SURVEY     EPIDEMIOLOGY (use other)  
 OTHER

TYPE: School (more than 9 months)



NAME Palm Lakes Elementary  
 ADDRESS 7450 W 16 Avenue CITY Hialeah  
 OWNER M-DCSB Food and Nutrition ZIP 33014  
 PERSON IN CHARGE M-DCSB Food and Nutrition PHONE (305) 823-2821  
 EMAIL 186711@dadeschools.net

**RESULTS:**

- Satisfactory  
 Incomplete  
 Unsatisfactory  
 OUT OF BUSINESS  
 Correct Violations by  
 Next Inspection  
 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
10:10	10:50	12/11/2014	31113	13-48-10588	

*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><br><input checked="" type="checkbox"/> 39. Other facilities and operations |
| <b>FOOD PROTECTION</b>                                       | <input type="checkbox"/> 15. Transportation of food                | <input type="checkbox"/> 28. Installation and location   |   |
| <input checked="" type="checkbox"/> 2. Stored temperature    | <input type="checkbox"/> 16. Poisonous/toxic materials             | <input type="checkbox"/> 29. Cleanliness of equipment    |   |
| <input type="checkbox"/> 3. No further cooking/rapid cooling | <b>PERSONNEL</b>   | <input type="checkbox"/> 30. Methods of washing          |   |
| <input type="checkbox"/> 4. Thawing                          | <input type="checkbox"/> 17. Exclusion of personnel                | <b>SANITARY FACILITIES AND CONTROLS</b>                  | <b>TEMPORARY FOOD SERVICE EVENTS</b>  |
| <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"/> 40. Temporary food service events  |
| <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"/> 41. Vending machines   |
| <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/Therm        | <input type="checkbox"/> 36. Handwashing facilities      | <input type="checkbox"/> 42. Manager certification  |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 23. Sinks                                 | <input checked="" 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"/> 43. Certificates and fees  |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip. |  | <input type="checkbox"/> 44. Inspection/Enforcement   |
|  | <input type="checkbox"/> 26. Dishwashing facilities                |  |   |

**COMMENTS AND INSTRUCTIONS**

Violation #2 Repair lock of warmer next to handwashing sink. The warmer is not able to keep the food at a temperature of 140F or above since it has trouble closing. at time of inspection the reading temperature of food was 120F (Corrected at time of inspection)  
 Code Reference FAC: Storage Temperature. 64E-11.004(1)(2). Food is stored at proper temperatures (less than or equal to 41°F or greater than or equal to 140°F).

Violation #37 Keep dumpster lids close at all time  
 Code Reference FAC: Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Violation #39 Clean vents in kitchen to remove dust build up  
 Code Reference FAC: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

INSPECTION CONDUCTED BY: Naissa Julien  
 INSPECTION COND SIGNATURE: *Naissa Julien*  
 COPY OF REPORT RECEIVED BY: *Alisa O...*

PHONE: (305) 623-3500 ex. 24222  
 PHONE 2: (305) 623-3500 ex. 24222  
 DATE: 12/11/2014

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
PUBLIC/ PRIVATE SCHOOL  
INSPECTION REPORT**



**PURPOSE:**

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

**TYPE:**

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other

NAME OF SCHOOL Palm Lake Elementary  
 ADDRESS 7450 W 16 Avenue CITY Hialeah  
 OWNER MDPSB ZIP 33014  
 PERSON IN CHARGE Alma Iglesias PHONE 305-423-2821

**CENSUS**

736  
 1000  
 2000  
 3000  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000  
 FEMALES  
 335  
 445  
 MALES  
 415

**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 #	PERMIT NUMBER
2:30 PM	3:30 PM	09/20/13	31137	13-51-07919
1:00	1:00			
2:05 AM	2:05 AM			
3:10 AM	3:10 AM			
4:15	4:15			
5:20	5:20			
6:25	6:25			
7:30	7:30			
8:35	8:35			
9:40	9:40			
10:45	10:45			
11:50	11:50			
12:55	12:55			

*As per section 120.095 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> LIQUID/SOLID WASTE	<input type="checkbox"/> SAFETY
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> FOOD
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> OTHER
<input checked="" type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 24. Brush/Trash	<input checked="" type="checkbox"/> 28. <u>Safety</u>
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio		<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Clean and Remove dust in cabinets below classroom sink located in Room H-10 (101)
5	Clean and Sanitize cabinets adjacent underneath sink noticed for each droppings (Note: No live roach observed @ time of inspection) Rm 65
6	Replace Light Bulbs (Corridor of Rm C-6, Rm H-3)
28	Eliminate plug-in Air Fresheners in ALL Classrooms.

HEALTH DEPARTMENT INSPECTOR: Vivian E. Bernier PHONE: 305-623-3500  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 9.20.13

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY