

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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-1274925
 Name of Facility: Mourning Senior High, Alonzo and Tracy/ Loc.# 7048
 Address: 2601 NE 151 Street
 City, Zip: Golden Beach 33160

 Type: School (more than 9 months)
 Owner: MDCPS
 Person In Charge: M-DCSB Food and Nutrition Phone: (786) 275-0400
 PIC Email: niurkaalvarez@dadeschools.net

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 09:55 AM
Inspection Date: 3/5/2024	Number of Repeat Violations (1-57 R): 0	End Time: 10:55 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	StopSale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- OUT** 13. Food in good condition, safe, & unadulterated (**COS**)
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- NA** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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



Good Retail Practices

SAFE FOOD AND WATER	
<u>IN</u> 30. Pasteurized eggs used where required	<u>NO</u> 46. Slash resistant/cloth gloves used properly
<u>IN</u> 31. Water & ice from approved source	UTENSILS, EQUIPMENT AND VENDING
<u>NA</u> 32. Variance obtained for special processing	<u>OUT</u> 47. Food & non-food contact surfaces
FOOD TEMPERATURE CONTROL	<u>OUT</u> 48. Ware washing: installed, maintained, & used; test strips (COS)
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>IN</u> 49. Non-food contact surfaces clean
<u>IN</u> 34. Plant food properly cooked for hot holding	PHYSICAL FACILITIES
<u>NO</u> 35. Approved thawing methods	<u>IN</u> 50. Hot & cold water available; adequate pressure
<u>IN</u> 36. Thermometers provided & accurate	<u>IN</u> 51. Plumbing installed; proper backflow devices
FOOD IDENTIFICATION	<u>IN</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
PREVENTION OF FOOD CONTAMINATION	<u>OUT</u> 54. Garbage & refuse disposal
<u>IN</u> 38. Insects, rodents, & animals not present	<u>IN</u> 55. Facilities installed, maintained, & clean (COS)
<u>IN</u> 39. No Contamination (preparation, storage, display)	<u>IN</u> 56. Ventilation & lighting
<u>IN</u> 40. Personal cleanliness	<u>IN</u> 57. Permit; Fees; Application; Plans
<u>IN</u> 41. Wiping cloths: properly used & stored	
<u>NO</u> 42. Washing fruits & vegetables	
PROPER USE OF UTENSILS	
<u>IN</u> 43. In-use utensils: properly stored	
<u>IN</u> 44. Equipment & linens: stored, dried, & handled	
<u>IN</u> 45. Single-use/single-service articles: stored & used	

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

<p>Violation #13. Food in good condition, safe, & unadulterated At the time of inspection observed tomato can dented . Disposed of can. Person in charge disposed tomato can . COS</p> <p>CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.</p>
<p>Violation #47. Food & non-food contact surfaces At time of inspection observed at the freezer two lights out . (40 Ft) Work order # provided 4412430 . Repair or replace lights.</p> <p>At the time of inspection observed steamer tag # 1140678 out of service . Repair or replace steamer .</p> <p>CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.</p>
<p>Violation #48. Ware washing: installed, maintained, & used; test strips At the time of inspection observed at three compartment sink quat concentration of 50 ppm . Provide sanitizer solution . Staff provided sanitizer solution of 200 ppm . COS</p> <p>CODE REFERENCE: 64E-11.003(4). Warewashing facilities must be approved, available, maintained, effective, and used for cleaning and sanitizing food-contact surfaces and equipment. Test strips are available and used to verify the solution is at a concentration necessary to achieve sanitization.</p>
<p>Violation #54. Garbage & refuse disposal At the time of inspection unable to close dumpster lids to prevent contamination. Remove tree branches that prevent dumpster lids to be closed or move dumpster allowing space to close lids .</p> <p>CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.</p>

Inspector Signature:

Client Signature:

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



General Comments

Temperatures were taken with the open thermometer.

Handwash sink 103 F.

Line #1
Dumplings 150 F

Milk Box #1
Milk 39 F

Line #2
No food items observed.

Line # 3
No food items observed.

Warmer #1
Dumplings 140 F

Warmer #2
No food items observed.

Reach in Cooler #1
Milk 40 F

Reach in Cooler #2
Parfait 39 F

Reach in cooler #3
Yogurt 35 F

Walk in refrigerator.
Ambient temperature 40 F
Beef 38 F

Walk in freezer.
Ambient temperature 10 F
Beef 7 F (frozen)

Mop sink 114 F.

Employee restroom male 106 F
Employee restroom ladies 105 F

Three compartments sink 120 F.
Sanitizer Quat solution 50 ppm , corrected to 200 ppm.

Sanitizer bucket solution : Quat 200 ppm

Inspection satisfactory

Inspector Signature:

Client Signature:

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



Email Address(es): pr7571@dadeschools.net;
niurkaalvarez@dadeschools.net;

Inspection Conducted By: Alexander Olaya (67699)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: Niurka Alvarez
Date: 3/5/2024

Inspector Signature:

Handwritten signature of the inspector, Alexander Olaya.

Client Signature:

Handwritten signature of the client, Niurka Alvarez.