

**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 Parkway Clean Shop
ADDRESS 1320 NW 188 St **CITY** Miami
OWNER DCRS **ZIP** 33169
PERSON IN CHARGE Natalie Moss **PHONE** (305) 653-2012

RESULTS

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

| BEGIN | END |
|----------|----------|
| 11:30 AM | 11:45 AM |
| 1:00 | 1:00 |
| 2:05 AM | 2:05 AM |
| 3:10 PM | 3:10 PM |
| 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 |

| DATE | | |
|------|----|----|
| 10 | 03 | 12 |
| 0 | 0 | 05 |
| 1 | 1 | 06 |
| 2 | 2 | 07 |
| 3 | 3 | 08 |
| 4 | 4 | 09 |
| 5 | 5 | 10 |
| 6 | 6 | 11 |
| 7 | 7 | 12 |
| 8 | 8 | 13 |
| 9 | 9 | 14 |

| POSITION # |
|------------|
| 47452 |
| 000000 |
| 111111 |
| 222222 |
| 333333 |
| 444444 |
| 555555 |
| 666666 |
| 777777 |
| 888888 |
| 999999 |

| CERTIFICATE NUMBER | | |
|--------------------|--|--|
| 13-48-10726 | | |
| 0000000000 | | |
| 0000000000 | | |
| 0000000000 | | |
| 0000000000 | | |
| 0000000000 | | |
| 0000000000 | | |
| 0000000000 | | |
| 0000000000 | | |
| 0000000000 | | |
| 0000000000 | | |

| TYPE |
|--|
| <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Detention |
| <input type="checkbox"/> Lounge |
| <input type="checkbox"/> Civic |
| <input type="checkbox"/> Movie |
| <input checked="" type="checkbox"/> School |
| <input type="checkbox"/> Residen. |
| <input type="checkbox"/> Child |
| <input type="checkbox"/> Limited |
| <input type="checkbox"/> Other |

| DATE | | |
|--|---|----|
| 0 | 0 | 05 |
| 1 | 1 | 06 |
| 2 | 2 | 07 |
| 3 | 3 | 08 |
| 4 | 4 | 09 |
| 5 | 5 | 10 |
| 6 | 6 | 11 |
| 7 | 7 | 12 |
| 8 | 8 | 13 |
| 9 | 9 | 14 |
| <input type="checkbox"/> OUT OF BUSINESS | | |

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.

| | | | |
|--|---|--|--|
| FOOD SUPPLIES | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES |
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | AND OPERATIONS |
| FOOD PROTECTION | <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"/> 2. Stored temperature | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | TEMPORARY FOOD |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES | SERVICE EVENTS |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 18. Cleanliness | AND CONTROLS | <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 | VENDING MACHINES |
| <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 | MANAGER CERTIFICATION |
| <input type="checkbox"/> 8. Other animal cooking | EQUIPMENT/UTENSILS | <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 | CERTIFICATES AND FEES |
| <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 | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input 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 (continue on attached sheet) |
|--------------|---|
| | <i>Reinspection Satisfactory</i> |
| | |
| | |
| | |

HEALTH DEPARTMENT INSPECTOR: Kew Randle Thompson **PHONE:** (305) 623-5800
COPY OF REPORT RECEIVED BY: Natalie Moss **DATE:** 10/3/12
 DH Form 4023, 1/05 (Obsoletes Previous Editions)