

**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 Elem School  
 ADDRESS 1320 NW 185th CITY Miami  
 OWNER DCPS ZIP 33169  
 PERSON IN CHARGE Tracie N Lewis PHONE (305) 653-2012

**RESULTS**

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

DATE				
09	27/12			
0	0	0	0	05
1	1	1	1	06
2	2	2	2	07
3	3	3	3	08
4	4	4	4	09
5	5	5	5	10
6	6	6	6	11
7	7	7	7	12
8	8	8	8	13
9	9	9	9	14

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00 PM	1:00 PM	09/14/12	47452	13-48-10726	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	<input type="checkbox"/> 05	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	<input type="checkbox"/> 06	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Detention
4:15	4:15	<input type="checkbox"/> 07	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Lounge
5:20	5:20	<input type="checkbox"/> 08	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Civic
6:25	6:25	<input type="checkbox"/> 09	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Movie
7:30	7:30	<input type="checkbox"/> 10	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input checked="" type="checkbox"/> School
8:35	8:35	<input type="checkbox"/> 11	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Residen.
9:40	9:40	<input type="checkbox"/> 12	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Child
10:45	10:45	<input type="checkbox"/> 13	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Limited
11:50	11:50	<input type="checkbox"/> 14	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<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	<input type="checkbox"/> OTHER FACILITIES
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input checked="" type="checkbox"/> 28. Installation and location	<input type="checkbox"/> AND OPERATIONS
<input type="checkbox"/> 3. No further cooking/ Rapid cooling	<input type="checkbox"/> 16. Poisonous/ Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<input checked="" type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 4. Thawing	<b>PERSONNEL</b>	<input type="checkbox"/> 30. Methods of washing	<b>TEMPORARY FOOD</b>
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES</b>	<b>SERVICE EVENTS</b>
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 18. Cleanliness	<b>AND CONTROLS</b>	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 31. Water supply	<b>VENDING MACHINES</b>
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 9. Least contact/ Reheating	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 33. Sewage	<b>MANAGER CERTIFICATION</b>
<input type="checkbox"/> 10. Food container	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 22. Refrigeration facilities/ Thermometers	<input type="checkbox"/> 35. Toilet facilities	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 24. Ice storage/ Counter-protector	<input type="checkbox"/> 37. Garbage disposal	<b>INSPECTION/ENFORCEMENT</b>
	<input type="checkbox"/> 25. Ventilation/ Storage/ Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection/ Enforcement
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
28,39	Repair entire floor in food service area. Safety hazards
39	Repair wall behind reach in refrigerator. peeling paint/wall
28,39	Repair damage flooding inside staff bathroom & wall. Safety hazards
HEALTH DEPARTMENT INSPECTOR: <u>Tracie N Lewis</u> PHONE: <u>(305) 623-5500</u>	
COPY OF REPORT RECEIVED BY: <u>Tracie N Lewis</u> DATE: <u>8/14/12</u>	
ESTABLISHMENT/FACILITY: <u>Tracie N Lewis</u>	