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



Facility Information RESULT: Satisfactory

Permit Number: 13-48-10441

Name of Facility: Orchard Villa Elementary/ Loc.# 4171

Address: 5720 NW 13 Avenue

City, Zip: Miami 33142

Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition

Person In Charge: ANGEL WILLIAMS-RUMPH Phone: 305-754-0607

PIC Email: 243874@dadeschools.net

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 01:30 PM Inspection Date: 4/21/2023 Number of Repeat Violations (1-57 R): 2 End Time: 02:15 PM

Correct By: Next Inspection FacilityGrade: 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
- 2. Certified Manager/Person in charge present EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- 3. Knowledge, responsibilities and reporting
- N 4. Proper use of restriction and exclusion
- S. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- N 6. Proper eating, tasting, drinking, or tobacco use
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- No bare hand contact with RTE food
- 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
- IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- NO 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- NO 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- NO 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- N 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records
- CONSUMER ADVISORY
- NA 25. Advisory for raw/undercooked food
 - HIGHLY SUSCEPTIBLE POPULATIONS
- NA 26. Pasteurized foods used; No prohibited foods
 - ADDITIVES AND TOXIC SUBSTANCES
- N 27. Food additives: approved & properly used
- N 28. Toxic substances identified, stored, & used
 - **APPROVED PROCEDURES**

Client Signature:

NA 29. Variance/specialized process/HACCP

Inspector Signature:

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Good Retail Practices

SAFE FOOD AND WATER

NA 30. Pasteurized eggs used where required

N 31. Water & ice from approved source

NA 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

NO 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

NO 35. Approved thawing methods

N 36. Thermometers provided & accurate

FOOD IDENTIFICATION

IN 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

IN 38. Insects, rodents, & animals not present

IN 39. No Contamination (preparation, storage, display)

IN 40. Personal cleanliness

NO 41. Wiping cloths: properly used & stored

NO 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

IN 43. In-use utensils: properly stored

IN 44. Equipment & linens: stored, dried, & handled

IN 45. Single-use/single-service articles: stored & used

NA 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces

IN 48. Ware washing: installed, maintained, & used; test strips

OUT 49. Non-food contact surfaces clean (R)

PHYSICAL FACILITIES

IN 50. Hot & cold water available; adequate pressure

OUT 51. Plumbing installed; proper backflow devices (R)

IN 52. Sewage & waste water properly disposed

N 53. Toilet facilities: supplied, & cleaned

N 54. Garbage & refuse disposal

IN 55. Facilities installed, maintained, & clean

N 56. Ventilation & lighting

IN 57. Permit; Fees; Application; Plans

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

Violation #49. Non-food contact surfaces clean

Observed gaskets with mold-like substance in reach in cooler, kitchen area. Clean and sanitize gaskets.

CODE REFERENCE: 64E-11.003(4). Non-food contact surfaces shall be kept clean and free of an accumulation of dust, dirt, food residue, and other debris.

Violation #51. Plumbing installed; proper backflow devices

Observed steamer draining hose in direct contact with the floor drain. Repair according to Florida Building Code.

CODE REFERENCE: 64E-11.003(5)(c). Plumbing will be installed and maintained to comply with plumbing requirements, including backflow prevention devices. A mop sink will be provided.

Inspector Signature:

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General Comments

Satisfactory.

No food activity at the time of the inspection.

Temperature was taken with Thermopen Probe Thermometer.

Milk box: milk 41F

Walk in cooler: milk 41F, ham 41F, sliced cheese 42F, yogurt 42F.

Handwashing sink (kitchen): 120F Handwashing sink (bathroom): 110F Three compartment sink: 123F

Preparation sink: 113F Mop sink: 109F

Three compartment sink sanitizer: QT not set up Calibrated probe thermometer (ice/water): 32F

Email Address(es): 243874@dadeschools.net

Inspection Conducted By: Vicente Prietodiaz (31113) Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name: Angel Williams Rumph

Date: 4/21/2023

Inspector Signature:

Form Number: DH 4023 03/18

Client Signature:

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