

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-48-17379
 Name of Facility: Bob Graham Education Center
 Address: 15901 NW 79 Avenue
 City, Zip: Miami Lakes 33016

 Type: School (more than 9 months)
 Owner: M-DCSB Food and Nutrition
 Person In Charge: Jesus Mesa Phone: 305-557-3303

**Correct By: None
 Re-Inspection Date: None**

Inspection Information

Purpose: Routine
 Inspection Date: 5/4/2017

Begin Time: 11:50 AM
 End Time: 12:30 PM

Additional Information

No Additional Information Available

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.

Violation Markings

| | | |
|---|--|---|
| FOOD SUPPLIES 1. Sources, etc. FOOD PROTECTION 2. Stored temperature 3. No further cooking/Rapid cooling 4. Thawing 5. Raw fruits 6. Pork cooking 7. Poultry cooking 8. Other animal cooking 9. Least contact/Reheating 10. Food container 11. Buffet requirements 12. Self-service condiments 13. Reservice of food 14. Sneeze guards 15. Transportation of food 16. Poisonous/Toxic materials PERSONNEL | 17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware EQUIPMENT/UTENSILS 22. Refrigeration facilities/Thermometers 23. Sinks 24. Ice storage/Counter-protector 25. Ventilation/Storage/Sufficient equipment 26. Dishwashing facilities 27. Design and fabrication 28. Installation and location 29. Cleanliness of equipment 30. Methods of washing SANITARY FACILITIES AND CONTROLS 31. Water supply 32. Ice 33. Sewage | 34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control OTHER FACILITIES AND OPERATIONS 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS 40. Temporary food service events VENDING MACHINES 41. Vending machines MANAGER CERTIFICATION 42. Manager certification CERTIFICATES AND FEES 43. Certificates and fees INSPECTION/ENFORCEMENT 44. Inspection/Enforcement |
|---|--|---|

Inspector Signature:

Client Signature:

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



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General Comments

No violations at this time

Email Address(es): jesusmesa@dadeschools.net;
ipalacio@dadeschools.net;
jware@dadeschools.net;
jbolton@dadeschools.net

Violations Comments

No Violation Comments Available

Inspection Conducted By: Sherri Bruner (67170)
Inspector Contact Number: Work: (305) 528-9821 ex.
Print Client Name:
Date: 5/4/2017

Inspector Signature:

Handwritten signature of Sherri Bruner.

Client Signature:

Handwritten signature of the client.

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-48-18182
Name of Facility: Bob Graham MLC
Address: 15901 NW 79 Avenue
City, Zip: Miami Lakes 33016

Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition
Person In Charge: Jesus Mesa Phone: 305-557-3303

Correct By: Next Inspection
Re-Inspection Date: None

Inspection Information

Purpose: Routine
Inspection Date: 5/4/2017

Begin Time: 11:00 AM
End Time: 11:45 AM

Additional Information

No Additional Information Available

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.

Violation Markings

- | | | |
|-------------------------------------|--|-------------------------------------|
| FOOD SUPPLIES | 17. Exclusion of personnel | 34. Plumbing |
| 1. Sources, etc. | 18. Cleanliness | 35. Toilet facilities |
| FOOD PROTECTION | 19. Tobacco use | 36. Handwashing facilities |
| 2. Stored temperature | 20. Handwashing | 37. Garbage disposal |
| 3. No further cooking/Rapid cooling | 21. Handling of dishware | 38. Vermin control |
| 4. Thawing | EQUIPMENT/UTENSILS | OTHER FACILITIES AND OPERATIONS |
| 5. Raw fruits | 22. Refrigeration facilities/Thermometers | 39. Other facilities and operations |
| 6. Pork cooking | 23. Sinks | TEMPORARY FOOD SERVICE EVENTS |
| 7. Poultry cooking | 24. Ice storage/Counter-protector | 40. Temporary food service events |
| 8. Other animal cooking | 25. Ventilation/Storage/Sufficient equipment | VENDING MACHINES |
| 9. Least contact/Reheating | 26. Dishwashing facilities | 41. Vending machines |
| 10. Food container | 27. Design and fabrication | MANAGER CERTIFICATION |
| 11. Buffet requirements | 28. Installation and location | 42. Manager certification |
| 12. Self-service condiments | X 29. Cleanliness of equipment | CERTIFICATES AND FEES |
| 13. Reservice of food | 30. Methods of washing | 43. Certificates and fees |
| 14. Sneeze guards | SANITARY FACILITIES AND CONTROLS | INSPECTION/ENFORCEMENT |
| 15. Transportation of food | 31. Water supply | 44. Inspection/Enforcement |
| 16. Poisonous/Toxic materials | 32. Ice | |
| PERSONNEL | 33. Sewage | |

General Comments

No General Comments Available

Email Address(es): jususmesa@dadeschools.net;
ipalacio@dadeschools.net;
jware@dadeschools.net;
jbolton@dadeschools.net

Inspector Signature:

Client Signature:

STATE OF FLORIDA
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COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



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Violations Comments

Violation #29. Cleanliness of equipment
Clean and sanitize vents
CODE REFERENCE: Cleaned. 64E-11.006(4). All equipment will be maintained in a clean and sanitized manner.

Inspection Conducted By: Sherri Bruner (67170)
Inspector Contact Number: Work: (305) 528-9821 ex.
Print Client Name:
Date: 5/4/2017

Inspector Signature:

Handwritten signature of Sherri Bruner.

Client Signature:

Handwritten signature of Bob Graham.

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-48-17581
Name of Facility: Bob Graham Educational Center PLC South
Address: 8875 NW 143 Street
City, Zip: Hialeah 33018

**Correct By: None
Re-Inspection Date: None**

Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition
Person In Charge: Elizabeth Hernandez Phone: 305 231 8778

Inspection Information

Purpose: Routine
Inspection Date: 8/29/2016

Begin Time: 11:00 AM
End Time: 11:30 AM

Additional Information

No Additional Information Available

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.

Violation Markings

| | | |
|--|---|--|
| <p>FOOD SUPPLIES 1. Sources, etc.</p> <p>FOOD PROTECTION 2. Stored temperature 3. No further cooking/Rapid cooling 4. Thawing 5. Raw fruits 6. Pork cooking 7. Poultry cooking 8. Other animal cooking 9. Least contact/Reheating 10. Food container 11. Buffet requirements 12. Self-service condiments 13. Reservice of food 14. Sneez guards 15. Transportation of food 16. Poisonous/Toxic materials</p> <p>PERSONNEL</p> | <p>17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware EQUIPMENT/UTENSILS 22. Refrigeration facilities/Thermometers 23. Sinks 24. Ice storage/Counter-protector 25. Ventilation/Storage/Sufficient equipment 26. Dishwashing facilities 27. Design and fabrication 28. Installation and location 29. Cleanliness of equipment 30. Methods of washing SANITARY FACILITIES AND CONTROLS 31. Water supply 32. Ice 33. Sewage</p> | <p>34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control OTHER FACILITIES AND OPERATIONS 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS 40. Temporary food service events VENDING MACHINES 41. Vending machines MANAGER CERTIFICATION 42. Manager certification CERTIFICATES AND FEES 43. Certificates and fees INSPECTION/ENFORCEMENT 44. Inspection/Enforcement</p> |
|--|---|--|

General Comments

Satisfactory inspection.

Email Address(es): ecrespo@dadeschools.net;ymartinez@dadeschools.net;ipalacio@dadeschools.net;tequigley@dadeschools.net

Inspector Signature:

Client Signature:

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



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Violations Comments

No Violation Comments Available

Inspection Conducted By: Maria Moreno (27482)
Maria Moreno
Date: 8/29/2016

Inspector Signature:

Handwritten signature of Maria Moreno.

Client Signature:

Handwritten signature of Bob Graham.