

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



**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: M-DCPS -Food and Nutrition      Phone: (305) 995-3230  
PIC Email: ymartinez@dadeschools.net

**Inspection Information**

Purpose: Routine  
Inspection Date: 8/12/2019  
Correct By: None  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0  
Number of Repeat Violations (1-57 R): 0  
FacilityGrade: N/A  
StopSale: No

Begin Time: 08:00 AM  
End Time: 08:30 AM

*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
- IN** 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

- 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
- IN** 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

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- NA 32. Variance obtained for special processing

#### FOOD TEMPERATURE CONTROL

- IN 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- IN 35. Approved thawing methods
- IN 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
- IN 41. Wiping cloths: properly used & stored
- IN 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

- IN 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
- IN 49. Non-food contact surfaces clean

#### PHYSICAL FACILITIES

- IN 50. Hot & cold water available; adequate pressure
- IN 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- IN 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- OUT 56. Ventilation & lighting (**COS**)
- 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 #56. Ventilation & lighting  
Biological built up on HVAC exhaust filter system in Kitchen' storage room.  
Clean HVAC filter system.  
Corrected on Site (COS).

CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.

### General Comments

Handwash sink: Water temperature 103°F.  
Walk-in-Cooler: Temperature 34°F.  
Walk-in-Freezer: Temperature -2°F.

Email Address(es): ymartinez@dadeschools.net;  
ipalacio@dadeschools.net;  
jaybolton@dadeschools.net;  
jwade@dadeschools.net

Inspector Signature:

Client Signature:

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
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FOOD SERVICE  
INSPECTION REPORT



Inspection Conducted By: Alberto Reyes (913936)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 8/12/2019

Inspector Signature:

Handwritten signature of Alberto Reyes.

Client Signature:

Handwritten signature of the client.

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



**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: M-DCSB Food and Nutrition      Phone: (786) 275-0400  
 PIC Email: ymartinez@dadeschools.net

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 08:30 AM
Inspection Date: 8/12/2019	Number of Repeat Violations (1-57 R): 0	End Time: 09:00 AM
Correct By: None	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	Stop Sale: No	

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**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
- IN** 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

- IN** 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- IN** 18. Cooking time & temperatures
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- IN** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 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  
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### Good Retail Practices

#### SAFE FOOD AND WATER

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#### FOOD TEMPERATURE CONTROL

- IN 33. Proper cooling methods; adequate equipment
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- IN 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

- IN 37. Food properly labeled; original container

#### PREVENTION OF FOOD CONTAMINATION

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- IN 41. Wiping cloths: properly used & stored
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#### PROPER USE OF UTENSILS

- IN 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
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- IN 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
- IN 49. Non-food contact surfaces clean

#### PHYSICAL FACILITIES

- IN 50. Hot & cold water available; adequate pressure
- IN 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- IN 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- IN 56. Ventilation & lighting
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### Violations Comments

No Violation Comments Available

### General Comments

Handwash sink: Water temperature 115°F.  
Refrigerator temperature 35°F.  
Freezer temperature -2°F.

Email Address(es): ymartinez@dadeschools.net;  
ipalacio@dadeschools.net;  
jaybolton@dadeschools.net;  
jwade@dadeschools.net

Inspection Conducted By: Alberto Reyes (913936)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 8/12/2019

Inspector Signature:

Client Signature:

STATE OF FLORIDA  
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COUNTY HEALTH DEPARTMENT  
FOOD SERVICE  
INSPECTION REPORT



**Facility Information**

**RESULT: Satisfactory**

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

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: M-DCSB - Food and Nutrition      Phone: (305) 995-3230  
PIC Email: ymartinez@dadeschools.net

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 11:00 AM
Inspection Date: 8/12/2019	Number of Repeat Violations (1-57 R): 0	End Time: 11:30 AM
Correct By: Next Inspection	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	Stop Sale: No	

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Inspector Signature:

Client Signature:

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## Good Retail Practices

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- IN 54. Garbage & refuse disposal
- OUT 55. Facilities installed, maintained, & clean
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## Violations Comments

Violation #55. Facilities installed, maintained, & clean  
Stained ceiling' panel in Cafeteria.  
Replace stained ceiling panel.

Freezer in kitchen's out-of-order (Repair in Progress Work Order # 4036101).  
Replace and/or repair Freezer' part.

CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.

## General Comments

Handwash sink: Water temperature 114°F.  
Refrigerator temperature 39°F.  
Freezer Repair in Progress Work Order # 4036101. Problem is currently being evaluated and/or parts are on order.

Email Address(es): ymartinez@dadeschools.net;  
ariveron20@dadeschools.net;  
ipalacio@dadeschools.net;  
jaybolton@dadeschools.net;  
jwade@dadeschools.net

Inspector Signature:

Client Signature:

STATE OF FLORIDA  
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Inspection Conducted By: Alberto Reyes (913936)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
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