

**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** Palmyra Middle School  
**ADDRESS** 2319 NW 175 St **CITY** Miami  
**OWNER** DCPS **ZIP** 33036  
**PERSON IN CHARGE** Fabrice LaGuerne **PHONE** (305) 624-9613

**RESULTS**

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

BEGIN	END
11:00 AM	12:00 PM
1:00 PM	2:00 PM
2:00 PM	3:00 PM
3:00 PM	4:00 PM
4:00 PM	5:00 PM
5:00 PM	6:00 PM
6:00 PM	7:00 PM
7:00 PM	8:00 PM
8:00 PM	9:00 PM
9:00 PM	10:00 PM
10:00 PM	11:00 PM
11:00 PM	12:00 AM

DATE
09/23/13
09/24/13
09/25/13
09/26/13
09/27/13
09/28/13
09/29/13
09/30/13
10/01/13
10/02/13
10/03/13
10/04/13
10/05/13

POSITION #
1
2
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14

CERTIFICATE NUMBER
13-48-10130
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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
09/24/13
09/25/13
09/26/13
09/27/13
09/28/13
09/29/13
09/30/13
10/01/13
10/02/13
10/03/13
10/04/13
10/05/13

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.

<b>FOOD SUPPLIES</b> <input type="checkbox"/> 1. Sources, etc.  <b>FOOD PROTECTION</b> <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/Reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reserve of food	<input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/Toxic materials  <b>PERSONNEL</b> <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware  <b>EQUIPMENT/UTENSILS</b> <input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities	<input type="checkbox"/> 27. Design and fabrication <input checked="" type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing  <b>SANITARY FACILITIES AND CONTROLS</b> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input checked="" type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control	<b>OTHER FACILITIES AND OPERATIONS</b> <input checked="" type="checkbox"/> 39. Other facilities and operations  <b>TEMPORARY FOOD SERVICE EVENTS</b> <input type="checkbox"/> 40. Temporary food service events  <b>VENDING MACHINES</b> <input type="checkbox"/> 41. Vending machines  <b>MANAGER CERTIFICATION</b> <input type="checkbox"/> 42. Manager certification  <b>CERTIFICATES AND FEES</b> <input type="checkbox"/> 43. Certificates and fees  <b>INSPECTION/ENFORCEMENT</b> <input type="checkbox"/> 44. Inspection/Enforcement
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
2234	Repair or replace broken reach in Refrigerator
2435	Repair hot running water at 30th Street Sink
178	Hand Sink and prep Sink
2439	Repair broken window

HEALTH DEPARTMENT INSPECTOR: Ella B. Thompson PHONE: (305) 623-3700

COPY OF REPORT RECEIVED BY: X [Signature] DATE: 9/23/13

DH Form 4023, 1/05 (Obsoletes Previous Editions) Fabrice LaGuerne  
 ESTABLISHMENT/FACILITY