

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-09778  
 Name of Facility: North Twin Lakes Elementary/ Loc.# 3981  
 Address: 625 W 74 Place  
 City, Zip: Hialeah 33014

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: Tmoorer@dadeschools.net

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:00 AM
Inspection Date: 1/4/2021	Number of Repeat Violations (1-57 R): 1	End Time: 11:00 AM
Correct By: Next Inspection	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	Stop Sale: 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
- 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

- NA 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:

CM

Client Signature:

emailed to Tonya Moorer 01/04/2021

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**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**

- OUT 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
- OUT 54. Garbage & refuse disposal (**R**)
- IN 55. Facilities installed, maintained, & clean
- OUT 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 #47. Food & non-food contact surfaces

Observed mildew on door seal in milk box cooler. Replace door seal. W.O # 10191952.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Violation #54. Garbage & refuse disposal

Provide drain plug missing on recycle dumpster.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

Violation #56. Ventilation & lighting

Replace or repair lights fixtures out of service in the cafeteria area. W.O. #10165391.

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.

Inspector Signature:

CM

Client Signature:

emailed to Tonya Moorer 01/04/2021

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**General Comments**

Inspection report emailed to Tonya Moorer on 01/04/2021.

Temperature taken:  
Handwashing/sink: 120°F.  
Freezer: -5°F.  
Refrigerator: 37°F.  
Green beans: 165°F.  
Lasagna: 158°F.  
Milk: 39°F.

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

Inspection Conducted By: Cesar Martinez (085423)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 1/4/2021

Inspector Signature:

CM

Client Signature:

emailed to Tonya Moorer 01/04/2021