

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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-04448
 Name of Facility: Emerson Elementary/Loc.# 1641
 Address: 8001 SW 36 Street
 City, Zip: Miami 33155

Type: School (more than 9 months)
 Owner: MDCPS
 Person In Charge: M-DCSB Food and Nutrition Phone: (786) 275-0400
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 02:25 PM
Inspection Date: 10/7/2024	Number of Repeat Violations (1-57 R): 0	End Time: 03:05 PM
Correct By: None	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

<p>SUPERVISION</p> <p><input checked="" type="checkbox"/> 1. Demonstration of Knowledge/Training</p> <p><input checked="" type="checkbox"/> 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p><input checked="" type="checkbox"/> 3. Knowledge, responsibilities and reporting</p> <p><input checked="" type="checkbox"/> 4. Proper use of restriction and exclusion</p> <p><input checked="" type="checkbox"/> 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p><input checked="" type="checkbox"/> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><input checked="" type="checkbox"/> 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p><input checked="" type="checkbox"/> 8. Hands clean & properly washed</p> <p><input checked="" type="checkbox"/> 9. No bare hand contact with RTE food</p> <p><input checked="" type="checkbox"/> 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p><input checked="" type="checkbox"/> 11. Food obtained from approved source</p> <p><input checked="" type="checkbox"/> 12. Food received at proper temperature</p> <p><input checked="" type="checkbox"/> 13. Food in good condition, safe, & unadulterated</p> <p><input checked="" type="checkbox"/> 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p><input checked="" type="checkbox"/> 15. Food separated & protected; Single-use gloves</p>	<p><input checked="" type="checkbox"/> 16. Food-contact surfaces; cleaned & sanitized</p> <p><input checked="" type="checkbox"/> 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p><input checked="" type="checkbox"/> 18. Cooking time & temperatures</p> <p><input checked="" type="checkbox"/> 19. Reheating procedures for hot holding</p> <p><input checked="" type="checkbox"/> 20. Cooling time and temperature</p> <p><input checked="" type="checkbox"/> 21. Hot holding temperatures</p> <p><input checked="" type="checkbox"/> 22. Cold holding temperatures</p> <p><input checked="" type="checkbox"/> 23. Date marking and disposition</p> <p><input checked="" type="checkbox"/> 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p><input checked="" type="checkbox"/> 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p><input checked="" type="checkbox"/> 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p><input checked="" type="checkbox"/> 27. Food additives: approved & properly used</p> <p><input checked="" type="checkbox"/> 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p><input checked="" type="checkbox"/> 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature: