

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

|  |  |
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| Permit Number: 13-48-13436<br>Name of Facility: Sylvania Heights Elem.<br>Address: 5901 SW 16 Street<br>City, Zip: Miami 33155<br><br>Type: School (more than 9 months)<br>Owner: M-DCSB Food and Nutrition<br>Person In Charge: Amor reyes      Phone: 305 266-3511 | <b>Correct By: None</b><br><b>Re-Inspection Date: None</b> |
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**Inspection Information**

|   |  |
|---|--|
| Purpose: Routine<br>Inspection Date: 5/9/2017 | Begin Time: 10:25 AM<br>End Time: 11:10 AM |
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**Additional Information**

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

Inspector Signature:

*M. Alvarado*

Client Signature:

*Amor Reyes*

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**General Comments**

Satisfactory.

Email Address(es): areyes1@dadeschools.net;  
ipalacios@dadeschools.net;  
jaybolton@dadeschools.net;  
jware@dadeschools.net

**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Manuel Alzugaray (27431)  
Inspector Contact Number: Work: (786) 216-9760 ex.  
Print Client Name: Amor Reyes  
Date: 5/9/2017

Inspector Signature:

Handwritten signature of Manuel Alzugaray.

Client Signature:

Handwritten signature of Amor Reyes.