

**PUBLIC/PRIVATE SCHOOL**  
 STATE OF FLORIDA  
 DEPARTMENT OF HEALTH  
 COUNTY HEALTH DEPARTMENT  
 PUBLIC/PRIVATE SCHOOL  
 INSPECTION REPORT

Geocoded 25.661094/-80.316160

- PURPOSE:  REINSPECTION  
 ROUTINE  CHANGE OF OWNER  
 CONSTRUCT.  CONSULTATION  
 COMPLAINT  EPIDEMIOLOGY  
 QA SURVEY  REOPENING  
 OTHER

TYPE: Public School



CENSUS	FEMALES	MALES
2610	1290	1320

NAME Miami Palmetto Senior High School  
 ADDRESS 7460 SW 118 Street CITY Pinecrest  
 OWNER M-DCSB ZIP 33156  
 PERSON IN CHARGE Dr. Allison Harley PHONE (305) 235-1360  
 E-MAIL vdobbs@dadeschools.net;aharley@dadeschools.net;ipalacio@dadeschools.net

- RESULT S:  
 Satisfactory  
 Incomplete  
 Unsatisfactory  
 OUT OF BUSINESS

- Correct Violations by  
 Next Inspection  
 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
12:00	14:45	01/28/2015	67699	13-51-07823

RE-INSPECTION DATE
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*As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 391, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

- |   |  |  |  |  |
|---|--|--|--|--|
| <b>SCHOOL SANITATION</b>                              | <input type="checkbox"/> 8. Natural Ventilation    | <input type="checkbox"/> 15. Handwash Facilities           | <b>LIQUID/SOLID WASTE</b>                              | <b>SAFETY</b>                                |
| <input type="checkbox"/> 1. School Site               | <input type="checkbox"/> 9. Mechanical Ventilation | <input type="checkbox"/> 16. Showers/Fixtures              | <input type="checkbox"/> 21. Sewage Disposal           | <input type="checkbox"/> 26. First Aid Kit   |
| <input type="checkbox"/> 2. Playground Equipment      | <input type="checkbox"/> 10. Provided/Accessible   | <input type="checkbox"/> 17. Shower Water Temp.            | <input type="checkbox"/> 22. Solid Waste               | <b>FOOD</b>                                  |
| <input type="checkbox"/> 3. Athletic Equipment        | <b>SANITARY FACILITIES</b>                         | <input type="checkbox"/> 18. Installed/Operated/Maintained | <b>VECTOR/VERMIN CONTROL</b>                           | <input type="checkbox"/> 27. Food Insp. Rpt. |
| <b>BUILDINGS</b>                                      | <input type="checkbox"/> 11. Cleanliness & Repair  | <input type="checkbox"/> 19. Drinking Fountains            | <input type="checkbox"/> 23. Infestation/Control       | <b>OTHER</b>                                 |
| <input type="checkbox"/> 4. Construction              | <input type="checkbox"/> 12. Toilet Facilities     | <input type="checkbox"/> 20. Approved Source               | <input type="checkbox"/> 24. Brush/Trash               | <input type="checkbox"/> 28.                 |
| <input type="checkbox"/> 5. Maintenance & Repair      | <input type="checkbox"/> 13. Separation of Sexes   |  | <input type="checkbox"/> 25. Water Collection/Drainage | <input type="checkbox"/> 29.                 |
| <input type="checkbox"/> 6. Lighting/Foot-Candles     | <input type="checkbox"/> 14. Fixture Ratio         |  |  |  |
| <input type="checkbox"/> 7. Heating, Ventilation, A/C |  |  |  |  |

**COMMENTS AND INSTRUCTIONS**

Violations noted on the previous inspection 01/27/2015 were corrected. The re-inspection is satisfactory.  
 Regarding the cockroaches infestation, did not observe any live or dead roach or any other signs of infestation in the affected bathroom or the adjacent room. As the infestation was restricted to a bathroom and the facility has now a follow-up plan it is considered resolved.

INSPECTION CONDUCTED BY: Oswaldo Samper PHONE: (305) 623-3500  
 INSPECTION COND SIGNATURE: FAX #: \_\_\_\_\_  
 COPY OF REPORT RECEIVED BY: DATE: 1/28/2015

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT  
Public/Private School



Name: Miami Palmetto Senior High School

Date: 01/28/2015

Identification No: 13-51-07823

Comments and Instructions (Continued from Page 1):

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Inspector Osvaldo Samper

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

Geocoded 25.661091f-80.316160



**PURPOSE:**

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY (use other)

TYPE: School (more than 9 months)

NAME Miami Palmetto Senior High School  
 ADDRESS 7460 SW 118 Street CITY Pincrest  
 OWNER M-DCSB Food and Nutrition ZIP 33156  
 PERSON IN CHARGE Dr. Allison Harley PHONE (305) 235-1360  
 EMAIL vdobbs@dadeschools.net

**RESULTS:**

- Satisfactory
- Incomplete
- Unsatisfactory
- OUT OF BUSINESS
- Correct Violations by
- Next Inspection
- 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
13:00	13:30	01/28/2015	27429	13-48-10623	

*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.*

- |  |   |   |   |
|--|---|---|---|
| <p><b>FOOD SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Sources etc.</li> </ul> <p><b>FOOD PROTECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. Stored temperature</li> <li><input type="checkbox"/> 3. No further cooking/rapid cooling</li> <li><input type="checkbox"/> 4. Thawing</li> <li><input type="checkbox"/> 5. Raw fruits</li> <li><input type="checkbox"/> 6. Pork cooking</li> <li><input type="checkbox"/> 7. Poultry cooking</li> <li><input type="checkbox"/> 8. Other animal cooking</li> <li><input type="checkbox"/> 9. Leaf contact/reheating</li> <li><input type="checkbox"/> 10. Food container</li> <li><input type="checkbox"/> 11. Buffet requirements</li> <li><input type="checkbox"/> 12. Self-service condiments</li> <li><input type="checkbox"/> 13. Reservice of food</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 14. Sneeze guards</li> <li><input type="checkbox"/> 15. Transportation of food</li> <li><input type="checkbox"/> 16. Poisonous/toxic materials</li> </ul> <p><b>PERSONNEL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17. Evclusion of personnel</li> <li><input type="checkbox"/> 18. Cleanliness</li> <li><input type="checkbox"/> 19. Tobacco use</li> <li><input type="checkbox"/> 20. Handwashing</li> <li><input type="checkbox"/> 21. Handling of dishware</li> </ul> <p><b>EQUIPMENT/UTENSILS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 22. Refrigeration facilities/Therm.</li> <li><input type="checkbox"/> 23. Sinks</li> <li><input type="checkbox"/> 24. Ice storage/counter-protector</li> <li><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip.</li> <li><input type="checkbox"/> 26. Dishwashing facilities</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Design and fabrication</li> <li><input type="checkbox"/> 28. Installation and location</li> <li><input type="checkbox"/> 29. Cleanliness of equipment</li> <li><input type="checkbox"/> 30. Methods of washing</li> </ul> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 31. Water supply</li> <li><input type="checkbox"/> 32. Ice</li> <li><input type="checkbox"/> 33. Sewage</li> <li><input type="checkbox"/> 34. Plumbing</li> <li><input type="checkbox"/> 35. Toilet facilities</li> <li><input type="checkbox"/> 36. Handwashing facilities</li> <li><input type="checkbox"/> 37. Garbage disposal</li> <li><input type="checkbox"/> 38. Vermin control</li> </ul> | <p><b>OTHER FACILITIES AND OPERATIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 39. Other facilities and operations</li> </ul> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 40. Temporary food service events</li> </ul> <p><b>VENDING MACHINES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 41. Vending machines</li> </ul> <p><b>MANAGER CERTIFICATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 42. Manager certification</li> </ul> <p><b>CERTIFICATES AND FEES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 43. Certificates and fees</li> </ul> <p><b>INSPECTION/ENFORCEMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 44. Inspection/Enforcement</li> </ul> |
|--|---|---|---|

**COMMENTS AND INSTRUCTIONS**

The re-inspection date for this investigation was changed as requested by Public School Officials.  
 All violations from the routine investigation, conducted on 1/27/2015, were corrected. The re-inspection is satisfactory.

INSPECTION CONDUCTED BY: Arnoldo Aguilera/ Osvaldo Samper PHONE: (305) 623-3500.  
 INSPECTION COND SIGNATURE: [Signature] PHONE 2: (305) 546-3021  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 1/28/2015

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT  
Food Establishment



Name: Miami Palmetto Senior High School

Date: 01/28/2015

Identification No: 13-48-10623

Comments and Instructions (Continued from Page 1):

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Inspector Arnoldo Aguilera/ Osvaldo Samper

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