

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-03236  
Name of Facility: Crestview Elementary  
Address: 2201 NW 187 Street  
City, Zip: Miami 33056

**Correct By: None  
Re-Inspection Date: None**

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Yvette Fuentes Phone: 305 624 3442

**Inspection Information**

Purpose: Other - Stop Sale  
Inspection Date: 11/21/2016

Begin Time: 11:15 AM  
End Time: 12:00 PM

**Additional Information**

No Additional Information Available

*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**

|   |   |  |
|---|---|--|
| <p><b>FOOD SUPPLIES</b><br/>1. Sources, etc.</p> <p><b>FOOD PROTECTION</b><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</p> <p><b>PERSONNEL</b></p> | <p>17. Exclusion of personnel<br/>18. Cleanliness<br/>19. Tobacco use<br/>20. Handwashing<br/>21. Handling of dishware<br/><b>EQUIPMENT/UTENSILS</b><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/><b>SANITARY FACILITIES AND CONTROLS</b><br/>31. Water supply<br/>32. Ice<br/>33. Sewage</p> | <p>34. Plumbing<br/>35. Toilet facilities<br/>36. Handwashing facilities<br/>37. Garbage disposal<br/>38. Vermin control<br/><b>OTHER FACILITIES AND OPERATIONS</b><br/>39. Other facilities and operations<br/><b>TEMPORARY FOOD SERVICE EVENTS</b><br/>40. Temporary food service events<br/><b>VENDING MACHINES</b><br/>41. Vending machines<br/><b>MANAGER CERTIFICATION</b><br/>42. Manager certification<br/><b>CERTIFICATES AND FEES</b><br/>43. Certificates and fees<br/><b>INSPECTION/ENFORCEMENT</b><br/>44. Inspection/Enforcement</p> |
|---|---|--|

Inspector Signature:

Client Signature:

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



2 of 2

**General Comments**

A stop sale notice was issued regarding this products:  
Chicken sliders 6416605. 2 PK (19.50lbs x2) Manuf. Advance Pierre  
Lasagna vegetable 296752. 1 PK Manuf. Tasty Brands  
Seasoned Pork 1465. 1 PK Manuf. Brookwood Farms.  
88.5 lbs. of food were spoiled due to freezer shut down over the weekend.

Email Address(es): tequigley@dadeschools.net;  
yfuentes@dadeschools.net;  
ipalacio@dadeschools.net;  
tcoleman@dadeschools.net;

**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Arnolando Aguilera (27429)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name: Yvette Fuentes  
Date: 11/21/2016

Inspector Signature:

Handwritten signature of the inspector, Arnolando Aguilera.

Client Signature:

Handwritten signature of the client, Yvette Fuentes.