

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-10084  
Name of Facility: North Glade Elem  
Address: 5000 NW 177 Street  
City, Zip: Carol City 33055

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

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Sandra Diaz Phone: (305) 624-4352

**Inspection Information**

Purpose: Routine  
Inspection Date: 6/6/2018

Begin Time: 11:50 AM  
End Time: 12:20 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**

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

**General Comments**

Satisfactory  
Refrigerator temperature range 38 to 41F

Email Address(es): sandradiaz@dadeschools.net;  
annlewis@dadeschools.net

Inspector Signature:

*James O'Gher*

Client Signature:

*Sandra Diaz*

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



2 of 2

**Violations Comments**

Violation #22. Refrigeration facilities/Thermometers

Provide thermometers for refrigerators without one, observed several without indicating thermometers.

CODE REFERENCE: Refrigerators. 64E-11.006(1), (1)(a). There will be sufficient, working, refrigerators. Each refrigerator will have a working thermometer.

Violation #25. Ventilation/Storage/Sufficient equipment

Clean hood vents and grill inserts from accumulated dust.

CODE REFERENCE: Hoods. 64E-11.006(1)(g)-(l). There will be approved hoods over cooking equipment. Proper dispensers for tableware. There will be sufficient spoons, scoops in the food prep and service areas and sufficient utensils. Dipper wells for ice cream. There will be a janitor sink or can wash.

Violation #39. Other facilities and operations

Replace/repair inoperable light fixtures in dining area, counted ten inoperable fixtures.

Replace water stained ceiling tiles in dining area.

CODE REFERENCE: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided.

Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Isaac Ofori (31113)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name: North Glade Elementary  
Date: 6/6/2018

Inspector Signature:

*Isaac Ofori*

Client Signature:

*Sandra Dias*