

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT**



**PURPOSE:**

- ROUTINE       REINSPECTION
- CONSTRUCT.     CHANGE OF OWNER
- COMPLAINT       CONSULTATION
- QA SURVEY       OTHER
- OTHER \_\_\_\_\_

**FOOD SERVICE  
INSPECTION REPORT**

NAME OF ESTABLISHMENT: Gulfstream Elementary  
 ADDRESS: 20900 SW 97 Ave CITY: Miami  
 OWNER: MDCS ZIP: 33189  
 PERSON IN CHARGE: Alina Gonzalez PHONE: (305) 26-1045

**RESULTS**

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

BEGIN	END
11:45	12:30
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE		
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 05
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 06
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 07
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 08
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 09
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 10
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 11
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 12
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 13
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 14

POSITION #		
<input type="checkbox"/> 8	<input type="checkbox"/> 2	<input type="checkbox"/> 15
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

CERTIFICATE NUMBER					
<input type="checkbox"/> 13	<input type="checkbox"/> -	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> -	<input type="checkbox"/> 0514
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

- TYPE**
- Hospital
  - Nursing
  - Detention
  - Lounge
  - Civic
  - Movie
  - School
  - Residen.
  - Child
  - Limited
  - Other

DATE		
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 05
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 06
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 07
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 08
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 09
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 10
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 11
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 12
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 13
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 14

OUT OF BUSINESS

*Items checked below indicate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued violation of this facility will constitute a violation of Chapter 64E-11 Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date indicated in the Results section above or an administrative fine or other legal action will be initiated.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
12/28	Repair refrigerator # 0785030 (from previous inspection)
	Satisfactory

HEALTH DEPARTMENT INSPECTOR: MARIA ABIOVERA PHONE: (305) 668-7244

COPY OF REPORT RECEIVED BY: X A Gonzalez DATE: 09/09/09