

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT



PURPOSE:

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

FOOD SERVICE  
INSPECTION REPORT

NAME OF ESTABLISHMENT: Atachua Elements PA  
 ADDRESS: 3800 NW 152nd CITY: MIAMI  
 OWNER: HCSB ZIP: 33142  
 PERSON IN CHARGE: X Helen McCoy PHONE: (305) 762-4123

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	RESULTS
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	

OUT OF BUSINESS

BEGINT	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
12:00	1:30	5-4-7	6-6	11-48-010	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM				<input type="checkbox"/> Nursing
3:10 PM	3:10 PM				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
7:30	7:30				<input checked="" type="checkbox"/> School
8:35	8:35				<input type="checkbox"/> Residen.
9:40	9:40				<input type="checkbox"/> Child
10:45	10:45				<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#36	No hot water in H/W sinks in kitchen & staff bathroom. (Power surge today). Maintenance on the way this afternoon. While out, ushy warmed water to wash hands. Pls notify me as soon as repaired.
#39	Outside mop sink is clogged. To unclog pls notify me.

HEALTH DEPARTMENT INSPECTOR: Helen McCoy PHONE: 352 334-7930  
 COPY OF REPORT RECEIVED BY: X Helen McCoy DATE: 5-24-17

DH Form 4023, 1/05 (Obsoletes Previous Editions)