

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



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**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-03099  
Name of Facility: Coral Reef Elem  
Address: 7955 SW 152 Street  
City, Zip: Miami 33157

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

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Christina Guerra Phone: (305)-235-1464

**Inspection Information**

Purpose: Routine  
Inspection Date: 6/4/2018

Begin Time: 08:55 AM  
End Time: 09:20 AM

**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. Sneez 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/>X 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/>X 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> |
|--|---|--|

**General Comments**

No General Comments Available

Email Address(es): twilliams@dadeschools.net;  
clmguerra@dadeschools.net

Inspector Signature:

Client Signature:

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**Violations Comments**

Violation #28. Installation and location

Relocate the plates or utensils for serving food, from the laundry room, or Provide another screen with 16 mesh screening. All outside openings shall be effectively sealed or screened with 16 mesh screening or equivalent.

CODE REFERENCE: Installed. 64E-11.006(3). All equipment will be installed and located to facilitate cleaning and allow full compliance with this code.

Violation #37. Garbage disposal

- Provide missing drain plug for the dumpster(two dumpster for regular trash)

CODE REFERENCE: Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Inspection Conducted By: Beatriz Rodriguez (60752)

Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name:

Date: 6/4/2018

Inspector Signature:

Handwritten signature of the inspector, Beatriz Rodriguez.

Client Signature:

Handwritten signature of the client, Tampa Wellness.