







Estb. No. 13-21-08194

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Coral Gables Senior High School

Pg. 2 @ 450 Bird Road

COMMENTS AND INSTRUCTION:

- ②⑧ Clean all window sills throughout the school.
- ⑤⑫ Provide missing toilet seat for girls restroom Rm. 020
- ②⑧ Clean cabinet under handwash sink in the culinary classroom.
- ⑤⑭ Repair water fountain throughout the school.
- ⑤⑲ Increase water pressure for water fountains throughout the school.
- ④③ Provide missing ceiling tile in the main office.
- ⑤⑲ Repair knob for water fountain ~~out~~ by entrance to boy's locker room.
- F ②③ Evidence of termites in display case bldg. 700 1<sup>st</sup> floor. 2<sup>nd</sup> and throughout the school
- ④ Repair broken window in boy's restrooms Rm. 500
- ④⑤ Repair floor, <sup>ceilings</sup> north entrance to bldg. 500
- ④ Repair hole in roof in all rooms 1<sup>st</sup> floor bldg. 300
- ③ Replace broken ceiling tile in media ctr.
- ④⑤ Repair roof Rm 303
- ) ②③ Clean or replace carpet in media ctr. due to water damage.
- ④⑤ Repair or replace broken seat's in the auditorium.
- ③ Repair window's girls restroom Rm 412 (unable to close windows)
- ③⑫ Repair toilet and urinal's in boy's ~~restroom~~ locker room.
- ⑤⑱ Repair shower's in boy's locker room.
- ②⑤ Remove standing water from fountain outside bldg. 900.

Copy of Inspection Report Received by:

Adolfo Costa

Health Department Inspector:

Manuel Dominguez Jr.

Date:

4/24/13

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



PURPOSE:

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

NAME OF ESTABLISHMENT Coral Gables Senior H.S. - Annex  
 ADDRESS 450 Bird Road CITY Miami  
 OWNER MDLPS ZIP 33146  
 PERSON IN CHARGE Adolfo Costa PHONE 3/443-4781

RESULTS

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

DATE

05	06	07	08	09	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
04 24 13	2 7 4 3 1	1 3 - 4 8 - 1 7 8 9 0			<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Detention <input type="checkbox"/> Lounge <input type="checkbox"/> Civic <input type="checkbox"/> Movie <input type="checkbox"/> School <input type="checkbox"/> Resident <input type="checkbox"/> Child <input type="checkbox"/> Limited <input type="checkbox"/> Other

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.

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

HEALTH DEPARTMENT INSPECTOR: Ernest Alejandro Jr. PHONE: 625-3500  
 COPY OF REPORT RECEIVED BY: Adolfo Costa DATE: 4/24/13

DH Form 4523, 1-06 (Obsoletes Previous Editions)

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



PURPOSE:

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

NAME OF ESTABLISHMENT Caral Gables Sr. H.S. - vending machine in caf.  
 ADDRESS 450 Bird Road CITY Caral Gables  
 OWNER MDCPS ZIP 33146  
 PERSON IN CHARGE Adolfo Costa PHONE 305-478-1362

RESULTS

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

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
		042413	27431	13-48-	<input checked="" type="checkbox"/> School	
					<input type="checkbox"/> Hospital	
					<input type="checkbox"/> Nursing	
					<input type="checkbox"/> Dispensary	
					<input type="checkbox"/> Lounge	
					<input type="checkbox"/> Clinic	
					<input type="checkbox"/> Mobile	
					<input type="checkbox"/> Resident	
					<input type="checkbox"/> Child	
					<input type="checkbox"/> Limited	
					<input type="checkbox"/> Other	

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.

<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Insects, pests	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b>
<input type="checkbox"/> 2. Served temperatures	<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. Proximate Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 4. Thawing	<b>PERSONNEL</b>	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw, fresh	<input type="checkbox"/> 17. Exclusion of personnel	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>
<input type="checkbox"/> 6. Cook cooking	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<b>MANAGER CERTIFICATION</b>
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certificates
<input type="checkbox"/> 9. Least contact reheating	<input type="checkbox"/> 21. Handling of dishes etc.	<input type="checkbox"/> 34. Plumbing	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 10. Food containers	<b>EQUIPMENT/UTENSILS</b>	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffer requirements	<input type="checkbox"/> 22. Refrigeration facilities-Thermometers	<input type="checkbox"/> 36. Handwashing facilities	<b>INSPECTION/ENFORCEMENT</b>
<input type="checkbox"/> 12. Self-service cleanliness	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection Enforcement
<input type="checkbox"/> 13. Reheating of food	<input type="checkbox"/> 24. Ice storage Containers/containers	<input type="checkbox"/> 38. Vermin control	
	<input type="checkbox"/> 25. Vapour-barrier Storage Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory!

HEALTH DEPARTMENT INSPECTOR: Manuel Arroyave Jr. Alvarado, Jr. PHONE: 623-5500  
 NAME OF REPORT RECEIVED BY: Adolfo Costa DATE: 4/24/13

DH Form 4003, 1-09 (Obsolesces Previous Editions)

CHD HEADQUARTERS