



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



1 of 2

**Facility Information Section**

**Satisfactory**

Permit Number: 13-48-12188  
 Type: School (more than 9 months)  
 Owner: M-DCSB Food and Nutrition  
 Person In Charge: Dr. Angel Rodriguez Phone: (305) 270-8699  
 Name of Facility: Ruth Owen Kruse Ed. Ctr.  
 Address: 11001 SW 76 Street  
 City, Zip: Miami 33173

**Inspection Results Information Section**

Purpose: Routine	Begin Time: 09:30 AM	Correct By: None
Inspection Date: 4/20/2016	End Time: 10:15 AM	Re-Inspection Date: None

**Additional Information Section**

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 Section**

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

The inspection is satisfactory.

Inspector Signature:

Client Signature:



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**Violations Comments Section**

No Violation Comments Available

Inspection Conducted By: Osvaldo Samper (67699)  
Phone: (305) 623-3500  
Received By: Signed  
Date: 4/20/2016

Inspector Signature:

A handwritten signature in black ink, appearing to be "Osvaldo Samper".

Client Signature:

A handwritten signature in black ink, appearing to be "SL &amp; NG".

Form Number: DH 4023 01/05