

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

Geocoded 25.949611/-80.136624

PURPOSE:

- ROUTINE REINSPECTION **TYPE: School (more than 9 months)**
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY (use other)
 OTHER

**RESULTS:**

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

NAME Aventura City of Excellence Sch.
ADDRESS 3333 NE 188 Street **CITY** Aventura
OWNER Williams, Antronette - City of Aventura **ZIP** 33180
PERSON IN CHARGE Leslie Lee **PHONE** (305) 466-1499
EMAIL llee@aventuracharter.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
13:50	14:30	08/29/2014	47452	13-48-17403	

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.

FOOD SUPPLIES <input type="checkbox"/> 1. Sources etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS <input type="checkbox"/> 39. Other facilities and operations
FOOD PROTECTION <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	PERSONNEL <input type="checkbox"/> 16. Poisonous/toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS <input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	SANITARY FACILITIES AND CONTROLS <input type="checkbox"/> 31. Water supply	VENDING MACHINES <input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	MANAGER CERTIFICATION <input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	
<input type="checkbox"/> 9. Least contact/reheating	EQUIPMENT/UTENSILS <input type="checkbox"/> 22. Refrigeration facilities/Them.	<input type="checkbox"/> 35. Toilet facilities	CERTIFICATES AND FEES <input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/counter-protector	<input type="checkbox"/> 37. Garbage disposal	INSPECTION/ENFORCEMENT <input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip.	<input type="checkbox"/> 38. Vermin control	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		

COMMENTS AND INSTRUCTIONS

Inspection Satisfactory

INSPECTION CONDUCTED BY: Ella ThompsonPHONE: (305) 623-3500 ex. 22822INSPECTION COND SIGNATURE: Ella ThompsonPHONE 2: (305) 623-3500 ex. 22822COPY OF REPORT RECEIVED BY: Leslie LeeDATE: 8/29/2014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Food Establishment



Name: Aventura City of Excellence Sch.

Date: 08/29/2014

Identification No: 13-48-17403

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Ella Thompson

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