

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



PURPOSE:

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

FOOD SERVICE
INSPECTION REPORT

NAME OF ESTABLISHMENT: Aventura Waterways K-8 Center
ADDRESS: 21101 NE 26 Ave CITY: MIAMI
OWNER: DCPS ZIP: 33180
PERSON IN CHARGE: Angela Johnson PHONE: (305) 933-5218

RESULTS

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

Table with columns BEGIN and END, showing time slots from 1:50 PM to 12:55 PM.

Table with columns DATE and POSITION #, showing dates from 08/31/09 to 09/09/09.

Table with columns POSITION #, showing numbers from 42452 to 99999.

Table with columns CERTIFICATE NUMBER, showing numbers from 13-48-18703 to 99999.

Table with columns TYPE, listing categories like Hospital, Nursing, Detention, Lounge, Civic, Movie, School, Residen., Child, Limited, Other.

Table with columns DATE, showing dates from 08/05 to 09/14.

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.

Grid of inspection items including FOOD SUPPLIES, FOOD PROTECTION, PERSONNEL, EQUIPMENT/UTENSILS, SANITARY FACILITIES AND CONTROLS, OTHER FACILITIES AND OPERATIONS, TEMPORARY FOOD SERVICE EVENTS, VENDING MACHINES, MANAGER CERTIFICATION, CERTIFICATES AND FEES, INSPECTION/ENFORCEMENT.

ITEM NUMBERS and COMMENTS AND INSTRUCTIONS section with handwritten notes: 28,39 Provide paper towel dispensers at all hand; 36,34 Wash sink thru-out food service area; 29,39 Clean ceiling vents throughout food service area; Angela Johnson (305) 673-3800