

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT: Leewood K-E Canteen
ADDRESS: 10343 SW 124 ST **CITY:** MIAMI
OWNER: MISOPS **ZIP:** 23176
PERSON IN CHARGE: Carla Rivers **PHONE:** (305) 233-7430

RESULTS

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

DATE

05
06
07
08
09
10
11
12
13
14

OUT OF BUSINESS

BEGIN - END

11:25	12:45
00	00
05	05
10	10
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE

0	7	1	0	9
00	00	00	00	05
06	06	06	06	08
07	07	07	07	07
08	08	08	08	08
09	09	09	09	09
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14

POSITION

6	7	6	9	5
00	00	00	00	00
01	01	01	01	01
02	02	02	02	02
03	03	03	03	03
04	04	04	04	04
05	05	05	05	05
06	06	06	06	06
07	07	07	07	07
08	08	08	08	08
09	09	09	09	09
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14

CORPORATE NUMBER

7	3	-	4	8	-	1	8	7	7	2
00	00	00	00	00	00	00	00	00	00	00
01	01	01	01	01	01	01	01	01	01	01
02	02	02	02	02	02	02	02	02	02	02
03	03	03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09	09	09
10	10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14	14

TYPE

- Hospital
 Nursing
 Detention
 Lounge
 Civic
 Movie
 School
 Residen.
 Child
 Limited
 Other

The above information is Chapter 217, Florida Administrative Code, and is subject to change without notice. It is the responsibility of the establishment to keep this information current. If the information is not current, the establishment will be notified.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
37-38	Replace leaking 4 yds garbage dumpster (outside the kitchen).
37-38	Clean and disinfect the floor under and around the mentioned dumpster. Leakage from the dumpster accumulated on the floor.
22	Repair or replace non-working freezer unit.

HEALTH DEPARTMENT INSPECTOR: Rosalee Saucier **PHONE:** (305) 668-7243
COPY OF REPORT RECEIVED BY: Carla Rivers **DATE:** 09/11/2009

DH Form 4023, 1/05 (Obsolesces Previous Editions)