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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-01024

Name of Facility: Baker, George T. Aviation Technical College/Loc.# 7801

Address: 3275 NW 42 Avenue

City, Zip: Miami 33142

Type: School (more than 9 months) Owner: M-DCSB Food and Nutrition

Person In Charge: M-DCSB Food and Nutrition

Phone: (786) 275-0400

Inspection Information

Purpose: Routine Inspection Date: 12/2/2021 Correct By: Next Inspection Re-Inspection Date: None Number of Risk Factors (Items 1-29): 1 Number of Repeat Violations (1-57 R): 0

FacilityGrade: N/A StopSale: No

Begin Time: 12:30 PM End Time: 01:30 PM

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- 1 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN 3. Knowledge, responsibilities and reporting
- IN 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN 6. Proper eating, tasting, drinking, or tobacco use
- IN 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS

- IN 8. Hands clean & properly washed
- IN 9. No bare hand contact with RTE food **OUT** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN 11. Food obtained from approved source
- IN 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- IN 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- 1N 20. Cooling time and temperature
- 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- N 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records

CONSUMER ADVISORY

25. Advisory for raw/undercooked food

HIGHLY SÚSCEPTIBLE POPULATIONS IN 26. Pasteurized foods used; No prohibited foods

- ADDITIVES AND TOXIC SUBSTANCES
- 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
 - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:

Form Number: DH 4023 03/18

Client Signature:

13-48-01024 Baker, George T. Aviation Technical College/Loc.# 7801

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



Good Retail Practices

SAFE FOOD AND WATER

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- NA 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- IN 35. Approved thawing methods
- N 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN 37. Food properly labeled; original container PREVENTION OF FOOD CONTAMINATION
- 38. Insects, rodents, & animals not present
- 39. No Contamination (preparation, storage, display)
- IN 40. Personal cleanliness
- N 41. Wiping cloths: properly used & stored
- IN 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN 43. In-use utensils: properly stored
- 44. Equipment & linens: stored, dried, & handled
- IN 45. Single-use/single-service articles: stored & used

IN 46. Slash resistant/cloth gloves used properly UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces

IN 48. Ware washing: installed, maintained, & used; test strips

OUT 49. Non-food contact surfaces clean PHYSICAL FACILITIES

IN 50. Hot & cold water available; adequate pressure

OUT 51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

N 54. Garbage & refuse disposal

IN 55. Facilities installed, maintained, & clean

N 56. Ventilation & lighting

IN 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of apter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. ntinued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

Violation #10. Handwashing sinks, accessible & supplies

Provide missing handwashing signage in the handwashing sink.

CODE REFERENCE: 64E-11.003(5)(d). Handwashing sinks are properly equipped with hand soap, individual disposable towels or hand drying device, and signage; and conveniently located.

Violation #49. Non-food contact surfaces clean

Observed stains inside ice machine. Clean and sanitize ice machine

CODE REFERENCE: 64E-11.003(4). Non-food contact surfaces shall be kept clean and free of an accumulation of dust, dirt, food residue, and other debris.

Violation #51. Plumbing installed; proper backflow devices

Provide missing backflow prevention device in the mop sink.

CODE REFERENCE: 64E-11.003(5)(c). Plumbing will be installed and maintained to comply with plumbing requirements, including backflow prevention devices.

A mop sink will be provided.

Inspector Signature:

Form Number: DH 4023 03/18

Client Signature: INC

13-48-01024 Baker, George T. Aviation Technical College/Loc.# 7801

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



General Comments

Inspection report emailed to Jean C. Saint-Phard on 12/02/2021.

Digital thermometer model DPP400W was used during the inspection. At the time of inspection no food was available to test temperatures.

Temperature taken: Handwashing sink:112°F. One compartment sink:115°F. Mop sink:118°F. Reach-in refrigerator:38°F. Freezer:0°F.

Email Address(es): jsaintphard@dadeschools.net; hidalgociro@dadeschools.net; jaybolton@dadeschools.net; jware@dadeschools.net; jpalacio@dadeschools.net

Inspection Conducted By: Cesar Martinez (085423) Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name: Date: 12/2/2021

Inspector Signature:

Form Number: DH 4023 03/18

Client Signature:

13-48-01024 Baker, George T. Aviation Technical College/Loc.# 7801

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT PUBLIC SCHOOL INSPECTION REPORT



1 of 3

Facility Information

Permit Number: 13-51-11604

Name of Facility: Baker, George T. Aviation.

Address: 3275 NW 42 Avenue City, Zip: Miami 33142

Type: Public Schools

Owner: M-DCSB Food and Nutrition

Person In Charge: Ciro R. Hidalgo Phone: 305-871-3143

PIC Email: cirohidalgo@dadeschools.net

Inspection Information

Purpose: Routine Begin Time: 08:00 AM Inspection Date: 4/12/2021 End Time: 09:00 AM

Additional Information

FEMALES 25 CENSUS 1032 MALES 1007

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked below violate one or more of the requirements of Rule 6A-2.0010, of the Florida Administrative Code, Chapter 5, section 5 of the State Requirements for Educational Facilities 2014 SREF); and sections 453 and 468 of the Florida Building Code 6th Edition (2017). Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violation Markings

SCHOOL SANITATION

IN 1. School Site

IN 2. Playground, Equip & Athletic Fields*

IN 3. Athletic & Playground Equipment BUILDING CONST/MAINT.

IN 4. Construction

OUT 5. Maintenance & Repair **OUT** 6. Lighting Standards

N 7. Heating, Ventilation, A/C Standards

IN 8. Natural Ventilation

IN 9. Mechanical Ventilation SANITARY FACILITIES

IN 10. Provided/Accessible/Separation

IN 11. Group Toilet Rooms

IN 12. Toilet Facilities

IN 13. Handwashing Facilities

IN 14. Soap Dispensers

IN 15. Shower Facilities

IN 16. Showers Water Temperatures WATER SUPPLY

IN 17. Approved Source

IN 18. Drinking Fountains

LIQUID WASTE & WASTE WATER

IN 19. Sewage Disposal

IN 20. Solid Waste PEST CONTROL

IN 21. Pest Control SAFFTY

IN 22. First Aid Kit

DIAPER CHANGING STATION

RESULT: Satisfactory

Correct By: Next Inspection

Re-Inspection Date: None

NA 23. Sanitizers NA 24. Changing Station & Mats

NA 25. Hand Sink

NA 26. Garbage Can ANIMAL HEALTH & SAFETY

NA 27. Animal Maintenance/Aggressive DORM/RESIDENTIAL FACILITIES

NA 28. Maintenance/Complaint

NA 29. Other

Marking Key: IN = the act or item was observed to meet standards; OUT = the act or item was observed not to meet standards; NO = the act or item was not observed to be occuring at the time of inspection; NA = the act or item is not performed by the facility or not part of the operation

Violation Key: * = 2. Playground, Equipment & Athletic Fields

Inspector Signature:

Form Number: DH 4030 12/16A

Client Signature:

Enry form bado 4/12/21

13-51-11604 Baker, George T. Aviation.

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT PUBLIC SCHOOL INSPECTION REPORT



2 of 3

General Comments

Conducted inspection with Pedro, nead of facilities at		
Email Address(es): cirohidalgo@dadeschools.net		

Violations Comments

Violation #5. Maintenance & Repair

Black biological growth and water condensation on walls and ceiling of classroom 124. Provide insulation, repair, then clean and sanitize.

Water damaged ceiling with bubbling paint in front of elevator#2 second floor. Investigate source of water intrusion, repair, and retouch paint.

Hole in wall of classroom 202. Repair hole in wall.

Broken floor tiles in classroom 202, in front of sign indicating 004S1 at stair#4, and media center/230. Repair broken floor tiles. Building must be in good repair.

Peeling wall in classroom 202. Repair wall. Building must be in good repair.

Peeling paint on wall and ceiling in classroom 221 and classroom 123. Scrape wall and ceiling and retouch paint.

Water damaged ceiling tiles with brown biological growth and actively leaking water in portable classroom 59-169/ Portable 1. Investigate source of water intrusion, repair and then replace ceiling tiles.

Water damaged ceiling with brown biological growth on ceiling tiles in portable 2 and portable 3. Investigate the source of water intrusion, repair and then replace ceiling tiles.

Water damaged wall from wall A/C unit in portable 2. Repair leaking A/C and replace damaged wall.

Baseboard covering missing in media center room 230. Replace baseboard.

CODE REFERENCE: 5. Maintenance and Repair. 5(1)(e)8.h SREF. Light fixtures and window surfaces, both inside and outside, shall be kept clean, serviceable, and in good repair at all times. 5(1)(e)8.i. Custodial areas shall be kept clean, safe, and orderly at all times. Custodial equipment shall be in good repair at all times. 5(1)(e)8.j SREF. Building components & finishes shall be kept clean & in good repair.

Violation #6. Lighting Standards

Light not operating in classroom 210, portable 2, and portable 3. Replace light.

CODE REFERENCE: 6. Lighting Standards. 468.3.2. FBC. Sources of natural light in instructional spaces shall be glazed with glare reducing materials or shall be shielded to prevent glare that can interfere with seeing task.

Inspector Signature:

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Client Signature:

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Form Number: DH 4030 12/16A 13-51-11604 Baker, George T. Aviation.

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT PUBLIC SCHOOL INSPECTION REPORT



3 of 3

Inspection Conducted By: Kimberly Henry (913288) Inspector Contact Number: Work: (305) 623-3500 ex. Print Client Name: Emailed to Mr. Hidalgo 4/12/21

Date: 4/12/2021

Inspector Signature:

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Client Signature:

Enry form bases 4/2/21

Form Number: DH 4030 12/16A

13-51-11604 Baker, George T. Aviation.