

1 of 2

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

TYPE:

- Private School
Public School
Charter School
Vocational School
College/University
Other



PURPOSE:

- ROUTINE
REINSPECTION
CONSTRUCT.
CHANGE OF OWNER
COMPLAINT
CONSULTATION
QA SURVEY
EPIDEMIOLOGY
PREOPENING
OTHER

NAME OF SCHOOL: Ronald Reagan/Doral H.S.
ADDRESS: 8600 NW 107 Ave, CITY: Doral
OWNER: MDC P.S. ZIP: 33178
PERSON IN CHARGE: Jacques Bentolilla PHONE: 305 1900

CENSUS

1945

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49000

50000

RESULTS

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

DATE

Table with columns for date and time slots from 05 to 14.

OUT OF BUSINESS

Table with columns: BEGIN, END, DATE, POSITION #, PERMIT NUMBER. Includes handwritten values like 300500, 033009, 27A58, 13-51-1459A.

FEMALES

960

MALES

985

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above.

SCHOOL SANITATION

- 1. School Site
2. Playground Equipment
3. Athletic Equipment
4. Construction
5. Maintenance & Repair
6. Lighting/Foot-Candles
7. Heating, Ventilation, A/C
8. Natural Ventilation
9. Mechanical Ventilation
SANITARY FACILITIES
10. Provided/Accessible
11. Cleanliness & Repair
12. Toilet Facilities
13. Separation of Sexes
14. Fixture Ratio

LIQUID/SOLID WASTE

- 21. Sewage Disposal
22. Solid Waste

VECTOR/VERMIN CONTROL

- 23. Infestation/Control
24. Brush/Trash
25. Water Collection/Drainage

SAFETY

- 26. First Aid Kit

FOOD

- 27. Food Insp. Rot.

OTHER

- 28.
29.

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS

- 28 - Verminproof in the east side of it door by Room 28 and 030
23 - Keep closed the Dumpster lids at all the time
27 - Elevate the jet at least 4 inches from the floor. The food containers in Room 30A.
5 - Replace the stained ceiling Tiles in Corridor by the Auditorium and in Corridor by Room 006.
3 - Repair the Hole of the Boulder Wall by the auditorium. Room 006.

HEALTH DEPARTMENT INSPECTOR: Jorge A. Guerrero PHONE: 623-3509

COPY OF REPORT RECEIVED BY: [Signature] DATE: 03-30-09



STATE OF FLORIDA
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Ronald Reagan / Doris Senior H.S.

COMMENTS AND INSTRUCTION:

- ⑮ - Repair the Broken Handwashing Sink of Room # 43
- ⑮ - Reestablish the Water pressure of Room: 40 K. - 108, 03 - 09 - 218 - 219 - 232, (in the Hand Washing Sinks)
- ⑫ - Anchor the cover of the commodes of Room 108 - and 218.
- ⑥ - Replace the Broken light cover in Room 107
- ⑤ - Replace the Stained Ceiling tile with sensor of Room. 04
- ⑮ - Repair the Broken faucet of the Hand Washing sink of Room. 006c
- ⑮ - Repair the Broken faucet of the Shower of the Room 06c & The Handicapped.
- ⑮ - Anchor the (the) faucet of the Hand Washing sink of the Room 341 for the spetial people.

Copy of Inspection Report Received by: [Signature]

Health Department Inspector: Lorge H. Suarez Date: 03-30-09

**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 Ronald Reagan/Doral Senior H.S.
 ADDRESS 3500 NW 107 Ave. CITY Doral
 OWNER MDCPS ZIP 33178
 PERSON IN CHARGE _____ PHONE _____

RESULTS

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

DATE

0	0	0	0	05
1	1	1	1	06
2	2	2	2	07
3	3	3	3	08
4	4	4	4	09
5	5	5	5	10
6	6	6	6	11
7	7	7	7	12
8	8	8	8	13
9	9	9	9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	033009	27458	13-48-18101	<input type="checkbox"/> Hospital
2:05	2:05				<input type="checkbox"/> Nursing
3:10	3:10				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
7:30	7:30				<input checked="" type="checkbox"/> School
8:35	8:35				<input type="checkbox"/> Residen.
9:40	9:40				<input type="checkbox"/> Child
10:45	10:45				<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
28-29	Clean the inside of the door of the Ice maker machine.

HEALTH DEPARTMENT INSPECTOR: Jorge H. Suarez PHONE: 623-3500
 COPY OF REPORT RECEIVED BY: Edward... DATE: 03-30-09