

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



**PURPOSE:**

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY (use other)

TYPE: School (more than 9 months)

NAME Ronald W Reagan/Doral Sr HS  
 ADDRESS 8600 N W 107 Avenue CITY Doral  
 OWNER Miami Dade County ZIP 33178  
 PERSON IN CHARGE M D C P S PHONE 305-362-0293  
 EMAIL jpagan@dadeschools.net;jcsilva@dadeschools.net

**RESULTS:**

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

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
14:15	15:00	12/15/2014	27458	13-48-18101

RE-INSPECTION DATE

*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 380 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**

- 1 Sources etc
- 2 Stored temperature
- 3 No further cooking/rapid cooling
- 4 Thawing
- 5 Raw fruits
- 6 Pork cooking
- 7 Poultry cooking
- 8 Other animal cooking
- 9 Least contact/reheating
- 10 Food container
- 11 Buffet requirements
- 12 Self-service condiments
- 13 Reserve of food

- 14 Sneeze guards
- 15 Transportation of food
- 16 Potentially toxic materials

**PERSONNEL**

- 17 Exclusion of personnel
- 18 Cleanliness
- 19 Tobacco use
- 20 Handwashing
- 21 Handling of dishware

**EQUIPMENT/UTENSILS**

- 22 Refrigeration facilities/Therm
- 23 Sinks
- 24 Ice storage/counter-protector
- 25 Ventilation/Storage/Sufficient equip
- 26 Dishwashing facilities

- 27 Design and fabrication
- 28 Installation and location
- 29 Cleanliness of equipment
- 30 Method of washing

**SANITARY FACILITIES AND CONTROLS**

- 31 Water supply
- 32 Ice
- 33 Sewage
- 34 Plumbing
- 35 Toilet facilities
- 36 Handwashing facilities
- 37 Garbage disposal
- 38 Vermin control

**OTHER FACILITIES AND OPERATIONS**

- 39 Other facilities and operations
- TEMPORARY FOOD SERVICE EVENTS**
- 40 Temporary food service events
- VENDING MACHINES**
- 41 Vending machines
- MANAGER CERTIFICATION**
- 42 Manager certification
- CERTIFICATES AND FEES**
- 43 Certificates and fees
- INSPECTION/ENFORCEMENT**
- 44 Inspection/Enforcement

**COMMENTS AND INSTRUCTIONS**

Violation #2 Repair The broken refrigerator pc 108326  
 Code Reference FAC: Storage Temperature. 64E-11.004(1)(2). Food is stored at proper temperatures (<=41°F or >=140°F).

Violation #2  
 Code Reference FAC: Storage Temperature. 64E-11.004(1)(2). Food is stored at proper temperatures (<=41°F or >=140°F).

INSPECTION CONDUCTED BY: Jorge Suarez PHONE: 305 623 3500  
 INSPECTION COND SIGNATURE: [Signature] PHONE 2: \_\_\_\_\_  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 12/15/2014

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT



FOOD SERVICE  
INSPECTION REPORT

PURPOSE:

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

NAME OF ESTABLISHMENT Ronald Reagan F.H.  
 ADDRESS Ronald 8000 NW 107th Ave Doral  
 OWNER MDCOB ZIP 33178  
 PERSON IN CHARGE J. Silio PHONE 8051900

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection.  
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	020514	27458	13-48-18101	<input type="checkbox"/> Hospital
2:05 PM	2:05 PM				<input type="checkbox"/> Nursing
3:10 PM	3:10 PM				<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 64-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64B-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. Squeeze guards                                   | <input type="checkbox"/> 27. Design and fabrication    | <b>OTHER FACILITIES AND OPERATIONS</b>                       |
| <b>FOOD PROTECTION</b>                                       | <input type="checkbox"/> 15. Transportation of food                           | <input type="checkbox"/> 28. Installation and location | <input type="checkbox"/> 39. Other facilities and operations |
| <input checked="" type="checkbox"/> 2. Stored temperature    | <input type="checkbox"/> 16. Poisonous/Toxic materials                        | <input type="checkbox"/> 29. Cleanliness of equipment  | <b>TEMPORARY FOOD SERVICE EVENTS</b>                         |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <b>PERSONNEL</b>  | <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                           | <b>SANITARY FACILITIES AND CONTROLS</b>                | <b>VENDING MACHINES</b>                                      |
| <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                       | <b>MANAGER CERTIFICATION</b>                                 |
| <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                  | <b>CERTIFICATES AND FEES</b>                                 |
| <input type="checkbox"/> 9. Least contact/Reheating          | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 35. Toilet facilities         | <input type="checkbox"/> 43. Certificates and fees           |
| <input type="checkbox"/> 10. Food container                  | <input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities    | <b>INSPECTION/ENFORCEMENT</b>                                |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 23. Sinks  | <input type="checkbox"/> 37. Garbage disposal          | <input type="checkbox"/> 44. Inspection/Enforcement          |
| <input type="checkbox"/> 12. Self-service condiments         | <input 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                           |  |  |

**COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

② 22 - Repair the Refrigerator of 1048041 is broken - Reported 1-15-2014 MNA4337

HEALTH DEPARTMENT INSPECTOR: Jorge S. [Signature] PHONE: 6223500  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 02.05.14