

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-05385 Name of Facility: Fulford Elem Address: 16140 NE 18 Avenue City, Zip: North Miami Beach 33162  Type: School (more than 9 months) Owner: M-DCSB Food and Nutrition Person In Charge: M-DCSB Food and Nutrition      Phone: (786) 275-0400	<b>Correct By: Next Inspection</b> <b>Re-Inspection Date: None</b>
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**Inspection Information**

Purpose: Routine Inspection Date: 2/27/2018	Begin Time: 12:15 PM End Time: 12:45 PM
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**Additional Information**

No Additional Information Available
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*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.*

**Violation Markings**

FOOD SUPPLIES 1. Sources, etc. FOOD PROTECTION 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. Reservice of food 14. Sneeze guards 15. Transportation of food 16. Poisonous/Toxic materials PERSONNEL	17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware EQUIPMENT/UTENSILS 22. Refrigeration facilities/Thermometers X 23. Sinks 24. Ice storage/Counter-protector 25. Ventilation/Storage/Sufficient equipment 26. Dishwashing facilities 27. Design and fabrication 28. Installation and location 29. Cleanliness of equipment 30. Methods of washing SANITARY FACILITIES AND CONTROLS 31. Water supply 32. Ice 33. Sewage	X 34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal X 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
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Inspector Signature:

*Tom O'S*

Client Signature:

*Gene Cook*

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**General Comments**

SATISFACTORY  
THREE COMPARTMENT SINK DRAIN LEAKS ON FLOOR, SLIP HAZARD. ACCORDING TO MANAGER THERE IS A WORK ORDER # MD34234

Email Address(es): tequigley@dadeschools.net;  
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edujet@dadeschools.net

**Violations Comments**

Violation #23. Sinks  
PROVIDE LABELS FOR THREE COMPARTMENT SINKS. PRESENT LABELS ARE INSIDE SINK, NOT VISIBLE WHEN FILLED WITH WATER.  
CODE REFERENCE: Prep. Sinks. 64E-11.006(1)(b). There will be sufficient, working food prep sinks.

Violation #34. Plumbing  
REPAIR LEAKS IN FAUCET OF FOOD PREP SINK.  
REPAIR LEAK IN THE THREE COMPARTMENT SINK DRAIN LINE; LEAKING ON FLOOR SLIP HAZARD.  
REPAIR WATER SUPPLIES LINES UNDER THREE COMPARTMENT, APPEARS MOLDY FROM SLOW LEAK.  
CODE REFERENCE: Plumbing. 64E-11.007(3). Plumbing will comply with the plumbing authority having jurisdiction. Backflow prevention will be provided where needed.

Violation #38. Vermin control  
VERMIN PROOF BOTTOM EXIT DOOR BY MECHANICAL ROOM 197 AND THE MAIN DOOR #192.  
CODE REFERENCE: Vermin. 64E-11.007(7). Effective measures shall be taken to protect against rodents, flies, roaches and other vermin. All openings to the outside are protected against vector entrance.

Inspection Conducted By: Isaac Ofori (31113)  
Inspector Contact Number: Work: (305) 623-3566 ex.  
Print Client Name: FULFORD ELEMENTARY  
Date: 2/27/2018

Inspector Signature:

Client Signature: