

**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 John A. Ferguson
 ADDRESS 15900 SW 56 St CITY Miami
 OWNER DOPS ZIP 33185
 PERSON IN CHARGE Jane Barnard PHONE 305 408 0700
Rozalia Hernandez

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	1/16/10	37852	13-48-17381	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM				<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 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
FOOD PROTECTION	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	AND OPERATIONS
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 3. No further cooking; Rapid cooling	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	TEMPORARY FOOD
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES	SERVICE EVENTS
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	AND CONTROLS	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 31. Water supply	VENDING MACHINES
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 33. Sewage	MANAGER CERTIFICATION
<input type="checkbox"/> 9. Least contact/Reheating	EQUIPMENT/UTENSILS	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities; Thermometers	<input type="checkbox"/> 35. Toilet facilities	CERTIFICATES AND FEES
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection/Enforcement
	<input type="checkbox"/> 26. Dishwashing facilities		

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

Satisfactory

HEALTH DEPARTMENT INSPECTOR: Jose Vila PHONE: 305 488 0074
 COPY OF REPORT RECEIVED BY: Jane Barnard DATE: 12-16-10