

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

TYPE:

PURPOSE:

NAME OF SCHOOL Auburndale Elementary School
 ADDRESS 3255 SW 6th St. CITY Miami
 OWNER MDCPS ZIP 33135
 PERSON IN CHARGE Jalshan Feyson PHONE 3/445-3587

CENSUS

328

RESULTS

BEGIN END

DATE

DATE POSITION # PERMIT NUMBER
012913 27431 13-51-08450

FEMALES

435

MALES

453

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. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

SCHOOL SANITATION

LIQUID/SOLID WASTE

SAFETY

SANITARY FACILITIES

VECTOR/VERMIN CONTROL

FOOD

BUILDINGS

WATER SUPPLY

OTHER

plumbing

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

- ⑤ Replace burned out bulb's throughout the school.
- ②⑥ ①⑤ Repair ~~for~~ sink in boy's restroom Rm. 037A & Rm. 010 (forced)
- ②⑥ ①② Repair urinal in boy's restroom Rm. 010.
- ⑤ ①④ Repair water fountain across ~~from~~ restroom 010.
- ① ②③ Remove roach droppings throughout ~~at~~ the school.
- ① ②③ Remove lizard droppings throughout the school.
- ① ②③ Remove dead insects from window sill in Rm 3 & 17.

Inspected
Miguel Alzugaray Jr. 673-3500
Jalshan Feyson 1/24/13

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Auburn Dale Elem. School
 ADDRESS 3255 S.W. 6th St. CITY Miami
 OWNER WDCPS ZIP 33135
 PERSON IN CHARGE Ja'Shon Fayson PHONE 3/445-3587

RESULTS

- Satisfactory
- Incomplete
- Unacceptable
- Corrective Action Required
 - First Inspection
 - Subsequent

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
		012913	27431	13-48-00918	

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 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"/> FOOD SUPPLIES | <input type="checkbox"/> PERSONNEL | <input type="checkbox"/> SANITARY FACILITIES AND CONTROLS | <input type="checkbox"/> OTHER FACILITIES AND OPERATIONS |
| <input type="checkbox"/> FOOD PROTECTION | <input type="checkbox"/> EQUIPMENT/UTENSILS | <input type="checkbox"/> TEMPORARY FOOD SERVICE EVENTS | <input type="checkbox"/> VENDING MACHINES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> MANAGER CERTIFICATION | <input type="checkbox"/> CERTIFICATES AND FEES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> INSPECTION/ENFORCEMENT | <input type="checkbox"/> |

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

Satisfactory!

Inspected by: Ja'Shon Fayson Manual
 Signature: [Signature] Date: 1/29/13
 Phone: 613-3500