

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-03115  
Name of Facility: Coral Terrace Elem  
Address: 6801 SW 24 Street  
City, Zip: Miami 33155

**Correct By: None  
Re-Inspection Date: None**

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Nicole Castro Phone: 305 262-8300

**Inspection Information**

Purpose: Routine  
Inspection Date: 5/9/2018

Begin Time: 08:00 AM  
End Time: 08:45 AM

**Additional Information**

No Additional Information Available

*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**

|   |   |  |
|---|---|--|
| <p><b>FOOD SUPPLIES</b><br/>1. Sources, etc.</p> <p><b>FOOD PROTECTION</b><br/>2. Stored temperature<br/>3. No further cooking/Rapid cooling<br/>4. Thawing<br/>5. Raw fruits<br/>6. Pork cooking<br/>7. Poultry cooking<br/>8. Other animal cooking<br/>9. Least contact/Reheating<br/>10. Food container<br/>11. Buffet requirements<br/>12. Self-service condiments<br/>13. Reservice of food<br/>14. Sneeze guards<br/>15. Transportation of food<br/>16. Poisonous/Toxic materials</p> <p><b>PERSONNEL</b></p> | <p>17. Exclusion of personnel<br/>18. Cleanliness<br/>19. Tobacco use<br/>20. Handwashing<br/>21. Handling of dishware<br/><b>EQUIPMENT/UTENSILS</b><br/>22. Refrigeration facilities/Thermometers<br/>23. Sinks<br/>24. Ice storage/Counter-protector<br/>25. Ventilation/Storage/Sufficient equipment<br/>26. Dishwashing facilities<br/>27. Design and fabrication<br/>28. Installation and location<br/>29. Cleanliness of equipment<br/>30. Methods of washing<br/><b>SANITARY FACILITIES AND CONTROLS</b><br/>31. Water supply<br/>32. Ice<br/>33. Sewage</p> | <p>34. Plumbing<br/>35. Toilet facilities<br/>36. Handwashing facilities<br/>37. Garbage disposal<br/>38. Vermin control<br/><b>OTHER FACILITIES AND OPERATIONS</b><br/>39. Other facilities and operations<br/><b>TEMPORARY FOOD SERVICE EVENTS</b><br/>40. Temporary food service events<br/><b>VENDING MACHINES</b><br/>41. Vending machines<br/><b>MANAGER CERTIFICATION</b><br/>42. Manager certification<br/><b>CERTIFICATES AND FEES</b><br/>43. Certificates and fees<br/><b>INSPECTION/ENFORCEMENT</b><br/>44. Inspection/Enforcement</p> |
|---|---|--|

**General Comments**

Satisfactory.  
  
Email Address(es): enavelo@dadeschools.net

Inspector Signature:

Client Signature:

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**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Manuel Alzugaray (27431)  
Inspector Contact Number: Work: (786) 216-9760 ex.  
Print Client Name: Nicole Castro  
Date: 5/9/2018

Inspector Signature:

Handwritten signature of Manuel Alzugaray in black ink.

Client Signature:

Handwritten signature of Nicole Castro in black ink.