

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-1274984  
 Name of Facility: Robert Morgan Sr. H.S. - #2  
 Address: 18180 SW 122 Avenue  
 City, Zip: Miami 33177  
  
 Type: School (more than 9 months)  
 Owner: M-DCSB Food and Nutrition  
 Person In Charge: Mr. johnson Phone: 3052539920

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

**Inspection Information**

Purpose: Routine  
 Inspection Date: 9/23/2016

Begin Time: 10:30 AM  
 End Time: 11:00 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**

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

**General Comments**

satisfactory

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

Inspector Signature:

Client Signature:

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



2 of 2

**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Shelly-Ann Welch (69728)  
Inspector Contact Number: Work: (305) 623-3500 ex. 23622  
Print Client Name: mr johnson  
Date: 9/23/2016

Inspector Signature:

Handwritten signature of Shelly-Ann Welch in blue ink.

Client Signature:

Handwritten signature of Robert Morgan Sr. in blue ink.