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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-1368301 Name of Facility: MAST Medical Academy for Science and Technology/ Loc.# 7171 Address: 1220 NW 1 Avenue City, Zip: Homestead 33030

Type: School (more than 9 months) Owner: Miami-Dade County School Board Person In Charge: Miami-Dade County School Board - Sandra Granda Phone: (786) 275-0400 PIC Email: sandragranda@dadeschools.net

Inspection Information

Purpose: Routine Inspection Date: 1/28/2025 Correct By: Next Inspection **Re-Inspection Date: None** Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 1 FacilityGrade: N/A StopSale: No

Begin Time: 10:45 AM End Time: 11:45 AM

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- N 2. Certified Manager/Person in charge present EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- IN 4. Proper use of restriction and exclusion
- IN 5. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- IN 6. Proper eating, tasting, drinking, or tobacco use
- T. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed No bare hand contact with RTE food
- IN 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
- IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction NA

PROTECTION FROM CONTAMINATION

IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- IN 17. Proper disposal of unsafe food TIME/TEMPERATURE CONTROL FOR SAFETY
- 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- N 22. Cold holding temperatures
- IN 23. Date marking and disposition NA 24. Time as PHC; procedures & records CONSUMER ADVISORY
- IN 25. Advisory for raw/undercooked food
- HIGHLY SUSCEPTIBLE POPULATIONS
- IN 26. Pasteurized foods used; No prohibited foods ADDITIVES AND TOXIC SUBSTANCES
- IN 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used IN APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:	
Red/	

Client Signature:

Sund Sr.

Form Number: DH 4023 03/18

13-48-1368301 MAST Medical Academy for Science and Technology/ Loc.# 7171

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



Good Retail Practices

SAFE FOOD AND WATER

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- NA 32. Variance obtained for special processing
- FOOD TEMPERATURE CONTROL
- **IN** 33. Proper cooling methods; adequate equipment
- NO 34. Plant food properly cooked for hot holding
- NO 35. Approved thawing methods
- N 36. Thermometers provided & accurate FOOD IDENTIFICATION
- 37. Food properly labeled; original container IN PREVENTION OF FOOD CONTAMINATION
- IN 38. Insects, rodents, & animals not present
- **IN** 39. No Contamination (preparation, storage, display)
- IN 40. Personal cleanliness
- IN 41. Wiping cloths: properly used & stored
- NO 42. Washing fruits & vegetables
 - **PROPER USE OF UTENSILS**
 - 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
- IN 45. Single-use/single-service articles: stored & used

- NA 46. Slash resistant/cloth gloves used properly UTENSILS, EQUIPMENT AND VENDING
- OUT 47. Food & non-food contact surfaces (R)
- IN 48. Ware washing: installed, maintained, & used; test strips IN 49. Non-food contact surfaces clean
 - PHYSICAL FACILITIES

 - IN 50. Hot & cold water available; adequate pressure
- IN 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- N 53. Toilet facilities: supplied, & cleaned
- N 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- N 56. Ventilation & lighting
- IN 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

Violation #47. Food & non-food contact surfaces

Observed out of order milkbox. Repair or replace milkbox. Work order 4435791 Repeat 09/11/2024

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Inspector Signature:

ter/

Client Signature:

Sund Sr.

Form Number: DH 4023 03/18

13-48-1368301 MAST Medical Academy for Science and Technology/ Loc.# 7171

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



General Comments

Satisfactory

Temperatures Recorded with thermapen thermometer:

Handwashing sink 126F 3-compartment sink 124F Bathroom sink 121F Mop sink 125F

Reach in fridge 1 40F Walk in fridge 40F; cheese 38F Walk in freezer -4F

Hot line: Fried Chicken 145F Mac and Cheese 136F

Email Address(es): sandragranda@dadeschools.net; rbaril@dadeschools.net; dcadaval@dadeschools.net

Inspection Conducted By: Raad Farhang (913251) Inspector Contact Number: Work: (305) 623-3575 ex. Print Client Name: Sandra Granda Date: 1/28/2025

Inspector Signature:

ted/

Client Signature:

Sund Sr.

Form Number: DH 4023 03/18

13-48-1368301 MAST Medical Academy for Science and Technology/ Loc.# 7171