

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
PUBLIC SCHOOL  
INSPECTION REPORT



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-51-08353  
Name of Facility: Jose Marti MAST 6-12 Academy  
Address: 5701 W 24 Avenue  
City, Zip: Hialeah Gardens 33016

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

Type: Public School  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Jose Enriquez Phone: 305-557-5931

**Inspection Information**

Purpose: Routine  
Inspection Date: 5/2/2017

Begin Time: 02:00 PM  
End Time: 04:00 PM

**Additional Information**

FEMALES ..... 325  
MALES ..... 425

CENSUS ..... 750

*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.*

**Violation Markings**

SCHOOL SANITATION	11. Cleanliness & Repair	22. Solid Waste
1. School Site	X 12. Toilet Facilities	VECTOR/VERMIN CONTROL
2. Playground Equipment	13. Separation of Sexes	23. Infestation/Control
3. Athletic Equipment	14. Fixture Ratio	24. Brush/Trash
BUILDINGS	15. Handwash Facilities	25. Water Collection/Drainage
4. Construction	16. Showers/Fixtures	SAFETY
5. Maintenance & Repair	17. Shower Water Temp.	26. First Aid Kit
X 6. Lighting/Foot-Candles	WATER SUPPLY	FOOD
7. Heating, Ventilation, A/C	18. Installed/Operated/Maintained	27. Food Insp. Rpt.
8. Natural Ventilation	X 19. Drinking Fountains	OTHER
9. Mechanical Ventilation	20. Approved Source	28.
SANITARY FACILITIES	LIQUID/SOLID WASTE	29.
10. Provided/Accessible	21. Sewage Disposal	

**General Comments**

No General Comments Available

Email Address(es): jenriquez@dadeschools.net;  
tfmercury55@gmail.com;

Inspector Signature:

Client Signature:

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-1368421  
Name of Facility: Jose Marti Middle School - vending machine in cafeteria  
Address: 5701 W 24 Avenue  
City, Zip: Hialeah 33016

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

Type: School (more than 9 months)  
Owner: Miami-Dade County School Board  
Person In Charge: Mr. Enriquez Phone: 305-557-5931

**Inspection Information**

Purpose: Routine  
Inspection Date: 5/9/2017

Begin Time: 02:50 PM  
End Time: 02:55 PM

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

Client Signature:

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



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**General Comments**

No violations at this time

Email Address(es): jenriquez@dadeschools.net;  
ipalacio@dadeschools.net;  
jware@dadeschools.net;  
jaybolton@dadeschools.net

**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Sherri Bruner (67170)  
Inspector Contact Number: Work: (305) 528-9821 ex.  
Print Client Name:  
Date: 5/9/2017

Inspector Signature:

Client Signature:

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-06888  
Name of Facility: Jose Marti MAST 6-12 Academy  
Address: 5701 W 24 Avenue  
City, Zip: Hialeah Gardens 33016

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

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Jose Enriquez Phone: 305-557-5931

**Inspection Information**

Purpose: Routine  
Inspection Date: 5/9/2017

Begin Time: 02:00 PM  
End Time: 02:45 PM

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

Client Signature:

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



2 of 2

**General Comments**

No violations at this time

Email Address(es): jenriquez@dadeschools.net;  
ipalacio@dadeschools.net;  
jware@dadeschools.net;  
jaybolton@dadeschools.net;

**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Sherri Bruner (67170)  
Inspector Contact Number: Work: (305) 528-9821 ex.  
Print Client Name:  
Date: 5/9/2017

Inspector Signature:

Handwritten signature of the inspector, appearing to be "Sherri Bruner".

Client Signature:

Handwritten signature of the client, appearing to be "ILEANA BRUNER".

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**Violations Comments**

<p>Violation #6. Lighting/Foot-Candles Replace burnt light bulb in classrooms number 1118 and 1106, and bathroom number 3108C</p> <p>CODE REFERENCE: Lighting/Foot-Candles 64E-13.004(4)(a-d). Illumination in all instructional spaces shall be designed to provide a minimum of forty (40) foot-candles glare free at normal task level. Fixtures shall be so located that there will be uniform (within ten (10) foot-candles) illumination suitable for the activities conducted therein. All required illumination shall be designed so that the failure of any single unit, such as the burning out of an electric bulb will not leave any occupied area or means of egress in darkness. Illumination of chalkboards and other visual aids shall be designed to eliminate glare and shadows.</p>
<p>Violation #12. Toilet Facilities Provide paper towel to the bathrooms number 2107,1127,1124,1109,1211,1329, and 3108C</p> <p>CODE REFERENCE: Toilet Facilities 64E-13.004(6)(a). Toilet facilities shall be accessible under continuous roof cover from all student occupied spaces. In group toilet rooms a partition shall be placed between each water closet. Each compartment shall have a door. Entrances to group toilet rooms shall be provided with a partition or other shielding device to block the occupants from view. Entrance doors shall be self-closing.</p>
<p>Violation #19. Drinking Fountains Repair non-working water fountain next to bathrooms number 1112, 1214,1229, and 1332</p> <p>CODE REFERENCE: Drinking Fountains 64E-13.004(7)(b). Drinking fountains of an approved, sanitary slant jet type shall be provided in the ratio specified in the local building code or Chapter 64E-10, F.A.C. In no case shall fountains be located in any toilet room.</p>

Inspection Conducted By: Diaaiden Alwadi (31113)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 5/2/2017

Inspector Signature:

Handwritten signature of the inspector, Diaaiden Alwadi.

Client Signature:

Handwritten signature of the client, Jose Marti.