

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



**PURPOSE:**

- ROUTINE       REINSPECTION
- CONSTRUCT.     CHANGE OF OWNER
- COMPLAINT       CONSULTATION
- QA SURVEY       OTHER
- OTHER

**FOOD SERVICE  
INSPECTION REPORT**

NAME OF ESTABLISHMENT Renaissance Elementary Sch  
 ADDRESS 8359 NW 35 St CITY Doral  
 OWNER Charter School U.S.A ZIP 33192  
 PERSON IN CHARGE Ana Cordal PHONE 391-2625

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	03 22 10	27458	13-48-17873	<input type="checkbox"/> Hospital
2:05 am	2:05 am				<input type="checkbox"/> Nursing
3:10 pm	3:10 pm				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
7:30	7:30				<input checked="" type="checkbox"/> School
8:35	8:35				<input type="checkbox"/> Residen.
9:40	9:40				<input type="checkbox"/> Child
10:45	10:45				<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

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

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

Full Food Service  
Satisfactory

HEALTH DEPARTMENT INSPECTOR: Jorge H. Suarez      PHONE: 628.3500  
 COPY OF REPORT RECEIVED BY: Ana Cordal      DATE: 03 22 10



**ANNUAL OPERATING PERMIT**  
**DEPARTMENT OF HEALTH**

Food Program

148407

Issued To: Renaissance Elem Charter  
8360 NW 33 St  
Miami FL 33122

Permit Number: 13-48-17673  
County: Miami-Dade

Issue Date: 10/2/2008  
Amount Paid \$: 160.00  
Date Paid: 10/2/2008  
Permit Expires On: 9/30/2009

Mailed To: Renaissance Elem Charter  
8360 NW 33 St  
Miami, FL 33122

25

Environmental Health Administrator  
ORIGINAL - CUSTOMER

DOH Form 4088 April 1998



**STATE OF FLORIDA**  
**OFFICIAL RECEIPT HEALTH**

148407

Issued To: Renaissance Elem Charter  
8360 NW 33 St  
Miami FL 33122

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Mailed To: Renaissance Elem Charter  
8360 NW 33 St  
Miami, FL 33122

25

Permit Expires On: 9/30/2009  
Environmental Health Administrator  
DUPLICATE - CUSTOMER

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

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



**PURPOSE:**

- ROUTINE
- REINSPECTION
- CONSTRUCT.
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- QA SURVEY
- OTHER
- OTHER \_\_\_\_\_

**FOOD SERVICE  
INSPECTION REPORT**

NAME OF ESTABLISHMENT Remon's 33rd St. Elementary  
 ADDRESS 3360 NW 32 St CITY Doral  
 OWNER Remon's 33rd St. E ZIP 33122  
 PERSON IN CHARGE Ana Corda PHONE 59122-25

**RESULTS**

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
  - Next Inspection
  - 8:00 AM on:

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE	DATE
11:05	12:05	01/15/08	27A52	13-48-17072	<input type="checkbox"/> Hospital	01/01/08
12:05 AM	2:05 AM				<input type="checkbox"/> Nursing	01/01/08
3:10 PM	3:10 PM				<input type="checkbox"/> Detention	02/22/07
4:15	4:15				<input type="checkbox"/> Lounge	03/03/08
5:20	5:20				<input type="checkbox"/> Civic	04/04/09
6:25	6:25				<input type="checkbox"/> Movie	05/05/10
7:30	7:30				<input checked="" type="checkbox"/> School	06/06/11
8:35	8:35				<input type="checkbox"/> Residen.	07/07/12
9:40	9:40				<input type="checkbox"/> Child	08/08/13
10:45	10:45				<input type="checkbox"/> Limited	09/09/14
11:50	11:50				<input type="checkbox"/> Other	
12:55	12:55					<input type="checkbox"/> OUT OF BUSINESS

*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.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	- Food is offered from janitor's shop. Containers, utensils are disposable. Satisfactory at the inspection time.

HEALTH DEPARTMENT INSPECTOR: Jorge S. Soria PHONE: 622-3500  
 COPY OF REPORT RECEIVED BY: Ana Corda DATE: 01/15/08