

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Eugenia B Thomas Florists
ADDRESS 5950 NW 11th Ave **CITY** Doral
OWNER M D C P. S. **ZIP** 33178
PERSON IN CHARGE Mayra Falcon **PHONE** 463-7507

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
00	00	05
01	01	06
02	02	07
03	03	08
04	04	09
05	05	10
06	06	11
07	07	12
08	08	13
09	09	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	CERTIFICATE NUMBER	TYPE
245	330	102009	27458	13-48-16967	
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Hospital
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> Nursing
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> Detention
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> Lounge
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> Civic
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> Movie
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> Residen.
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> Child
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> Limited
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> Other

Violations: The requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued non-compliance with these regulations as a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 382, Florida Statutes, may result in a citation as 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	OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	
<input type="checkbox"/> 3. No further cooking; Rapid cooling	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Methods of washing	
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	VENDING MACHINES
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 9. Least contact Reheat/ g	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Toilet facilities	MANAGER CERTIFICATION
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal	CERTIFICATES AND FEES
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		INSPECTION/ENFORCEMENT
			<input type="checkbox"/> 44. Inspection/Enforcement

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

1 - The cooler get dump and the product inside was spoiled. - list of the product is attached at the time the inspection. The cooler is working at 40°F.

HEALTH DEPARTMENT INSPECTOR: Jean H. Suarez | PHONE: 628-3500
 COPY OF REPORT RECEIVED BY: Henry Diaz | DATE: 102009

**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 Eugenia B Thomas Florant
 ADDRESS 59.50 NW 111 St Ave CITY Dora
 OWNER M O C P S ZIP 33128
 PERSON IN CHARGE Marya Falcon PHONE 1637502

RESULTS

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

BEGIN	END
0000	0000
0100	0100
0200	0200
0300	0300
0400	0400
0500	0500
0600	0600
0700	0700
0800	0800
0900	0900
1000	1000
1100	1100
1200	1200

DATE
102009
05
06
07
08
09
10
11
12
13
14

POSITION
27458
000000
000000
000000
000000
000000
000000
000000
000000
000000
000000
000000
000000
000000
000000

CERTIFICATE NUMBER
23-48-16967
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
00000000
01000000
02000000
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04000000
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14000000

Violations noted below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of the establishment without these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations not 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	OTHER FACILITIES AND OPERATIONS
FOOD PROTECTION	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 3. No further cooking. Rapid cooling	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact Reheat etc	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 23. Sinks	<input checked="" type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection Enforcement
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
<input type="checkbox"/> 13. Reserve of food	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(37)	- Keep closed the Dumpster lid all the time.

HEALTH DEPARTMENT INSPECTOR: Jorge H Suarez PHONE: 623 9500
 COPY OF REPORT RECEIVED BY: Marya Falcon DATE: 10 20 09