

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



**FOOD SERVICE  
INSPECTION REPORT**

**PURPOSE:**

- ROUTINE       REINSPECTION
- CONSTRUCTION       CHANGE OF OWNER
- COMPLAINT       CONSULTATION
- QUASI-RVY       OTHER
- OTHER \_\_\_\_\_

**NAME OF ESTABLISHMENT** West Gate Plaza

**ADDRESS** 2156 NW 84 St      **CITY** Miami

**OWNER** PCSB      **ZIP** 33119

**PERSON IN CHARGE** Mindy G. ...      **PHONE** (305) 835-3121

**RESULT**

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION	APPLICATE	TYPE
8:19	9:04	04/23/04	27312	12-48-14766	<input type="checkbox"/> Hospital
1:00	1:00				<input type="checkbox"/> Nursing
2:05	2:05				<input type="checkbox"/> Detention
3:10	3:10				<input type="checkbox"/> Lounge
4:15	4:15				<input type="checkbox"/> Court
5:20	5:20				<input type="checkbox"/> Movie
6:25	6:25				<input checked="" type="checkbox"/> School
7:30	7:30				<input type="checkbox"/> Resident
8:35	8:35				<input type="checkbox"/> Child
9:40	9:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
12:55	12:55				

*Sample 645-11 of the Florida Administrative Code, Chapter 645-11, Florida Administrative Code, 1999. See Results section above or an administrative fine or other penalty.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<i>Satisfactory</i>

HEALTH DEPARTMENT INSPECTOR [Signature]      PHONE 623 3111

COPY OF REPORT RECEIVED BY [Signature]      DATE 4/23/04

DH Form 4023 1/05 (Obsoletes Previous Editions)

**ESTABLISHMENT/FACILITY**