

Department of Food and Nutrition Miami-Dade County Public Schools



Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness
Bureau of Food Distribution

VIII. Annual Storage Facility Review

Miami-Dade County	Public Schools		8121	3
Recipient Agency			Location Number	Regional Center
C.O.P.E. CENTER	11/27/2017			
School Name				Date of Review
Self Contained (Base Satellite			
Agencies participating in	f Agriculture (USDA) regulation n the USDA Foods Program co I where USDA Foods are store action(s) response mu	nduct an annual review	of their respective storage f y February 1. For any item o	acilities. Please complete
Otorage Areas				
1. Is storage space ade	• Yes O No O NA			
2. Is food stored on she	• Yes O No O NA			
3. Are all areas in good	Yes No NA			
4. Are all storage areas	• Yes O No O NA			
5. Are all storage areas	• Yes O No O NA			
6. Is food stored awat tareas?	• Yes O No O NA			
7. Are all storage areas safeguarded against theft, spoilage and other loss?				Yes No NA
Do all storage areas l	• Yes O No O NA			
	maintained and available to an internal thermometer ar		e area temperatures	● Yes ○ No ○ NA
If Yes, how often are	Twice Daily			
Complete the following:	:			
Area:	Condition:	Cleanliness:	Temperature	:
Freezer	Good	Fair	Yes	0 or below
Refrigerator	Good	Good	Yes	35-41

Good

Good

Dry

Yes

80 or below

8. If using a commercial facility for storage of USDA foods, has the commercial facility been inpsected perdiodically to ensure wholesomeness of product?	Yes No NA
If Yes, please list the date of the inspection:	6/30/2017
I. Product Utilization	
1. Is food stored in a manner that facilitates accuracy and ease for First-In-First-Out (FIFO)?	Yes No NA
Are all products marked with pack dates, receiving dates, or "Best if Used By" (BIUB)/ Expiration dates, including individual units removed from the original shipping containers?	Yes No NA
Do all products have pack dates (or received dates when pack dates are unavailable) that are no older than two years (or, in the case of BIUB or Expiration dates, do not exceed the date listed)?	Yes No NA
If No, please complete the table below:	
2. Is this site maintaining a physical inventory system?	Yes No NA
3. Is the physical inventory conducted at least once annually?	Yes No NA
4. Does all food products appear to be utilized in a timely manner so as to lim it the excess supply in storage?	Yes No NA
5. Have there been annual food losses in the past 12 months from theft or fraud?	Yes No NA
If Yes, were losses reported to Bureau of Food Distribution and documented?	
6. Does the manager know the proper procedure to follow when losses occur?	Yes No NA
7. Does the manager know the proper procedure to dispose of damaged USDA food?	• Yes O No O NA

III. Certification

I hereby certify that all of the informa	tion in this form is correct and is true to the best of n	ny knowledge.
Other comments and observations during	ng this review.	
Storage facility procedures are being fo		
Required Corrective Action (followup wit	thin 45 days)	
Satisfactory Off-Site Vis	sitation Required On-Site Visitation Required	Required By Date Food Service Administrator
Site Manager	Principal / Designee	Karen Douthit
Veronica Latimore	EBONY DUNN	12/5/2017, 10:44:20 AM