

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



**FOOD SERVICE
INSPECTION REPORT**

PURPOSE:

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

RESULTS

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

DATE

| | | | | |
|---|---|---|---|----|
| 0 | 0 | 0 | 0 | 05 |
| 1 | 1 | 1 | 1 | 06 |
| 2 | 2 | 2 | 2 | 07 |
| 3 | 3 | 3 | 3 | 08 |
| 4 | 4 | 4 | 4 | 09 |
| 5 | 5 | 5 | 5 | 10 |
| 6 | 6 | 6 | 6 | 11 |
| 7 | 7 | 7 | 7 | 12 |
| 8 | 8 | 8 | 8 | 13 |
| 9 | 9 | 9 | 9 | 14 |

OUT OF BUSINESS

NAME OF ESTABLISHMENT Deland Middle School
 ADDRESS 1400 Aquarius Avenue CITY Deland
 OWNER Volusia County School Board IP 20704
 PERSON IN CHARGE Gina Kriete PHONE 386-822-6580

| BEGIN | END | DATE | POSITION # | CERTIFICATE NUMBER | TYPE |
|----------|----------|----------|------------|--------------------|--|
| 11:25 AM | 12:05 PM | 01/24/18 | 29647 | 64-48-00285 | <input checked="" type="checkbox"/> School |

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 | 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/Reheating | 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 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)

Note: No live roaches observed at time of inspection. Continue monitoring area; left serving line, west of building. Treat if necessary, insect problem controlled. Violation corrected. Satisfactory re-inspection.

HEALTH DEPARTMENT INSPECTOR: Denise Diaz PHONE: 386-726-6000
 COPY OF REPORT RECEIVED BY: A. Kriete DATE: 1/24/2018

DH Form 4023, 1/05 (Obsoletes Previous Editions)