

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT**



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 64-48-00291
Name of Facility: Louise McInnis Elementary
Address: 5175 N Hwy 17
City, Zip: De Leon Springs 32130

**Correct By: Next Inspection
Re-Inspection Date: None**

Type: School (9 months or less)
Owner: Volusia County School Board
Person In Charge: Diane Calderon Phone: (386) 943-6384

Inspection Information

Purpose: Routine
Inspection Date: 10/6/2017

Begin Time: 08:45 AM
End Time: 10:30 AM

Additional Information

No Additional Information Available

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.

Violation Markings

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

Note 1: Hot holding : pizza 187°f, potatoe waffles 165°f, Ribs 151°f, Cold holding: juice 40°f, barbeque 38°f, juice 39° f. Refrigeration temperatures below 40° f, Freezer temperatures below -3° f.
Note 2: Sanitizer 3c/s 200ppm.

Email Address(es): dmcalder@volusia.k12.fl.us

Inspector Signature:

Client Signature:

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Violations Comments

<p>Violation #1. Sources, etc. Stop sale on Chef Boyardee Beef Ravioli ID# 3101, 6lb 12oz., qty 1, severely dented, unfit for human consumption. CODE REFERENCE: Food Supplies 64E-11.003. All food is from approved sources. Food is not adulterated misbranded or spoiled. No foods from private homes. Ice must be from an approved source.</p>
<p>Violation #27. Design and fabrication 1. Observed condensation on pipe under condensor in walk in refrigerator unit, seal pipe. 2. Observed ice buildup on interior part of door in walk in freezer, check seal on bottom of door. CODE REFERENCE: Designed. 64E-11.006(2). All equipment will be the proper design and fabrication.</p>
<p>Violation #39. Other facilities and operations 1. Observed electrical outlet protruding from floor, trip hazard, mount electrical outlet to prevent trip hazard. 2. Observed ceiling tile in dry storage room, loose on ceiling, remount tile on ceiling. CODE REFERENCE: Other Facilities. 64E-11.008. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarter shall open to the facility. No live animals. Exterior area shall be kept clean.</p>

Inspection Conducted By: Denise Diaz (29647)
Inspector Contact Number: Work: (386) 736-5080 ex.
Print Client Name: Diane Calderon
Date: 10/6/2017

Inspector Signature:

Handwritten signature of Denise Diaz.

Client Signature:

Handwritten signature of Diane Calderon.