

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



Facility Information

RESULT: Satisfactory

Permit Number: 64-48-00289
 Name of Facility: Enterprise Elementary School
 Address: 211 Main Street
 City, Zip: Enterprise 32725

 Type: School (more than 9 months)
 Owner: Volusia County School Board
 Person In Charge: Ferrato, Holly Phone: (386) 575-4135
 PIC Email: hmferat@volusia.k12.fl.us

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 08:20 AM
Inspection Date: 5/15/2019	Number of Repeat Violations (1-57 R): 0	End Time: 09:30 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- IN** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- NA** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- IN** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- NA** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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



Good Retail Practices

SAFE FOOD AND WATER	
NO 30. Pasteurized eggs used where required	NO 46. Slash resistant/cloth gloves used properly
IN 31. Water & ice from approved source	UTENSILS, EQUIPMENT AND VENDING
NA 32. Variance obtained for special processing	IN 47. Food & non-food contact surfaces
FOOD TEMPERATURE CONTROL	IN 48. Ware washing: installed, maintained, & used; test strips
IN 33. Proper cooling methods; adequate equipment	IN 49. Non-food contact surfaces clean
IN 34. Plant food properly cooked for hot holding	PHYSICAL FACILITIES
IN 35. Approved thawing methods	IN 50. Hot & cold water available; adequate pressure
IN 36. Thermometers provided & accurate	IN 51. Plumbing installed; proper backflow devices
FOOD IDENTIFICATION	IN 52. Sewage & waste water properly disposed
IN 37. Food properly labeled; original container	IN 53. Toilet facilities: supplied, & cleaned
PREVENTION OF FOOD CONTAMINATION	IN 54. Garbage & refuse disposal
OUT 38. Insects, rodents, & animals not present	IN 55. Facilities installed, maintained, & clean
IN 39. No Contamination (preparation, storage, display)	IN 56. Ventilation & lighting
IN 40. Personal cleanliness	IN 57. Permit; Fees; Application; Plans
IN 41. Wiping cloths: properly used & stored	
NO 42. Washing fruits & vegetables	
PROPER USE OF UTENSILS	
IN 43. In-use utensils: properly stored	
IN 44. Equipment & linens: stored, dried, & handled	
IN 45. Single-use/single-service articles: stored & used	

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

Violation #38. Insects, rodents, & animals not present
 Observed outer door to dining area open at time of inspection, flies observed in serving line area and dining area due to no screening or air curtains on doors left open. Doors must be kept closed to prevent insect and vermin entry. If doors are to be kept open effective measures must be provided such as screening or air curtains to prevent entry into serving and kitchen areas.
 CODE REFERENCE: 64E-11.003(5)(f). Effective measures shall be taken to control the presence of pests in the food establishment. Unless otherwise approved, live animals shall not be allowed.

General Comments

Note 1: Green beans hot holding 174 degrees f.
 Pizza hot holding 194 degrees f.
 milk milk unit 39 degrees f.
 pasta refrigeration unit 39 degrees f.
 corn refrigeration unit 39 degrees f.
 milk walk in unit 38 degrees f.

Note 2: Sanitizer 3 c/s 200 ppm.

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

Inspector Signature:

Client Signature:

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



Inspection Conducted By: Denise Diaz (29647)
Inspector Contact Number: Work: (386) 736-5080 ex.
Print Client Name:
Date: 5/15/2019

Inspector Signature:

Handwritten signature of Denise Diaz in blue ink.

Client Signature:

Handwritten signature of the client in blue ink.