

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



1 of 3

Facility Information

RESULT: Satisfactory

Permit Number: 64-48-00248
Name of Facility: Holly Hill School K-8
Address: 1500 Center Avenue
City, Zip: Holly Hill 32117

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

Type: School (more than 9 months)
Owner: Kurtz, Linsey - The School Board of Volusia County
Person In Charge: Kim Perdue Phone: (386) 239-6320
PIC Email: kbperdue@volusia.k12.fl.us

Inspection Information

Purpose: Routine
Inspection Date: 9/24/2018

Begin Time: 11:30 AM
End Time: 01:00 PM

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

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

Inspector Signature:

Albert Perdue

Client Signature:

Kim Perdue

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General Comments

Observed two (2) violations (#'s 29 & 37) during the serving of lunch.

The following conditions were observed, including:

Handwashing Sink = 107.9 Deg. F.

Chicken Nuggets = 148.4 Deg. F.
Sweet Potato Fries = 155.3 Deg. F.

Milk Box = 37 Deg. F.
Milk = 35.6 Deg. F.

Traulson 3-Compartment Cooler = 28 Deg. F.
Cheese Sticks = 35.9 Deg. F.

Traulson 3-Door Reach-In Refrigerator = 37.5 Deg. F.
Milk = 35.3 Deg. F.

Traulson 3-Door Reach-In Freezer = -2 Deg. F.

Walk-In Freezer (Outdoor) = 10 Deg. F.

Walk-In Refrigerator = 42 Deg. F.
Yogurt = 39.3. Deg. F.
Tomato (for Salads) = 40.8 Deg. F.
Ham (for Salads) = 40.8 Deg. F.

Walk-In Freezer = -2 Deg. F.

Email Address(es): kbperdue@volusia.k12.fl.us;
ldkurtz@volusia.k12.fl.us

Violations Comments

Violation #29. Cleanliness of equipment

Observed can opener cutting edge dirty and rusty. Clean or replace can opener cutting edge.

CODE REFERENCE: Cleaned. 64E-11.006(4). All equipment will be maintained in a clean and sanitized manner.

Violation #37. Garbage disposal

Observed trash cans with open lids and misc. rubbish (i.e. student desk, pallet, etc.) stored adjacent to them. Close trash can lids, when not in use, and remove rubbish from off of the ground.

CODE REFERENCE: Garbage. 64E-11.007(6). Garbage will be disposed of to prevent vector harborage. Garbage containers will be leak proof. Outside storage will be on top of a smooth nonabsorbent material.

Inspector Signature:

Client Signature:

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Inspection Conducted By: Andrew Pecaut (80109)
Inspector Contact Number: Work: (386) 274-0694 ex.
Print Client Name:
Date: 9/24/2018

Inspector Signature:

Andrew Pecaut

Client Signature:

[Handwritten Signature]