

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 64-48-00296  
Name of Facility: Southwestern Middle School  
Address: 605 W New Hampshire Avenue  
City, Zip: Deland 32720  
  
Type: School (9 months or less)  
Owner: Volusia County School Board  
Person In Charge: Devore, Jennifer - Jennifer De  
PIC Email: jddevore@volusia.k12.fl.us  
Phone: (386) 822-6700

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:33 AM
Inspection Date: 4/9/2024	Number of Repeat Violations (1-57 R): 0	End Time: 11:09 AM
Correct By: None	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**

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

**CONSUMER ADVISORY**

- NA 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:

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**Good Retail Practices**

**SAFE FOOD AND WATER**

- IN** 30. Pasteurized eggs used where required  
**IN** 31. Water & ice from approved source  
**NA** 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

- IN** 33. Proper cooling methods; adequate equipment  
**NO** 34. Plant food properly cooked for hot holding  
**IN** 35. Approved thawing methods  
**IN** 36. Thermometers provided & accurate

**FOOD IDENTIFICATION**

- IN** 37. Food properly labeled; original container

**PREVENTION OF FOOD CONTAMINATION**

- IN** 38. Insects, rodents, & animals not present  
**IN** 39. No Contamination (preparation, storage, display)  
**IN** 40. Personal cleanliness  
**NO** 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

- NO** 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

- IN** 47. Food & non-food contact surfaces  
**IN** 48. Ware washing: installed, maintained, & used; test strips  
**IN** 49. Non-food contact surfaces clean

**PHYSICAL FACILITIES**

- IN** 50. Hot & cold water available; adequate pressure  
**IN** 51. Plumbing installed; proper backflow devices  
**IN** 52. Sewage & waste water properly disposed  
**IN** 53. Toilet facilities: supplied, & cleaned  
**IN** 54. Garbage & refuse disposal  
**IN** 55. Facilities installed, maintained, & clean  
**IN** 56. Ventilation & lighting  
**IN** 57. Permit; Fees; Application; Plans

*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**

No Violation Comments Available

**General Comments**

Violations #22 and #49 have been corrected.

3 compartment sink sanitizer measured at 150 ppm.

Serving line:  
milk 41°F

Cooler traelsen #1 at 38°F  
cut cucumbers at 41°F

Cooler traelsen #2 at 38°F  
wrap at 41°F

Walk-in cooler at 39°F  
Milk at 40°F

Walk in freezer at 15°F

Note: Observed food received during the inspection, food was frozen and was stored above the floor in walk-in freezer.

Email Address(es): No Email Addresses Available

**Inspector Signature:**

**Client Signature:**

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Inspection Conducted By: Brunna Garcia (049826)  
Inspector Contact Number: Work: (386) 274-0690 ex.  
Print Client Name:  
Date: 3/19/2024

Inspector Signature:

A handwritten signature in black ink, appearing to be "Brunna Garcia".

Client Signature:

A handwritten signature in black ink, appearing to be "J. Am".