

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



**Facility Information**

RESULT: Satisfactory

Permit Number: 14-48-00007  
Name of Facility: Desoto County High School  
Address: 1710 E Gibson Street  
City, Zip: Arcadia 34266

Type: School (more than 9 months)  
Owner: DeSoto County School Board  
Person In Charge: DeSoto County School Board Phone: (863) 494-4222 ex. 123  
PIC Email:

**Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 09:15 AM  
Inspection Date: 9/12/2025 Number of Repeat Violations (1-57 R): 0 End Time: 10:10 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**

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|---|---|
| <p><b>SUPERVISION</b></p> <p><i>IN</i> 1. Demonstration of Knowledge/Training</p> <p><i>IN</i> 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></p> <p><i>IN</i> 3. Knowledge, responsibilities and reporting</p> <p><i>IN</i> 4. Proper use of restriction and exclusion</p> <p><i>IN</i> 5. Responding to vomiting &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p><i>IN</i> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><i>IN</i> 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p><i>IN</i> 8. Hands clean &amp; properly washed</p> <p><i>IN</i> 9. No bare hand contact with RTE food</p> <p><i>IN</i> 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></p> <p><i>IN</i> 11. Food obtained from approved source</p> <p><i>NO</i> 12. Food received at proper temperature</p> <p><i>IN</i> 13. Food in good condition, safe, &amp; unadulterated</p> <p><i>NA</i> 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p><i>IN</i> 15. Food separated &amp; protected; Single-use gloves</p> | <p><i>IN</i> 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p><i>IN</i> 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p><i>IN</i> 18. Cooking time &amp; temperatures</p> <p><i>NO</i> 19. Reheating procedures for hot holding</p> <p><i>NO</i> 20. Cooling time and temperature</p> <p><i>IN</i> 21. Hot holding temperatures</p> <p><i>IN</i> 22. Cold holding temperatures</p> <p><i>IN</i> 23. Date marking and disposition</p> <p><i>NA</i> 24. Time as PHC, procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p><i>NA</i> 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p><i>NA</i> 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p><i>IN</i> 27. Food additives; approved &amp; properly used</p> <p><i>IN</i> 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p><i>NA</i> 29. Variance/specialized process/HACCP</p> |
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Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18 14-48-00007 Desoto County High School

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**Good Retail Practices**

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

Satisfactory

Oven: Taco Meat 174 degrees F  
Hot Hold: Cheese - 143 degrees F  
          Taco Meat- 149 degrees F

Cold Hold: Salad 38 degrees F  
Ambient Cooler: 39 degrees F  
Ambient Freezer: -02 degrees F  
Milk- 37 degrees F

Email Address(es): No Email Addresses Available

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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Inspection Conducted By: Daniel Morris (027075)  
Inspector Contact Number: Work: (863) 231-6481 ex.  
Print Client Name:  
Date: 9/12/2025

Inspector Signature:

Handwritten signature of Daniel Morris.

Form Number: DH 4023 03/18

Client Signature:

Handwritten signature of the client.

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