

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



Facility Information

RESULT: Satisfactory

Permit Number: 14-48-00015
Name of Facility: West Elementary School
Address: 304 W Imogene 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: 12:20 PM
Inspection Date: 12/2/2025 Number of Repeat Violations (1-57 R): 0 End Time: 01:00 PM
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>SUPERVISION</p> <p>IN 1. Demonstration of Knowledge/Training</p> <p>IN 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p>IN 3. Knowledge, responsibilities and reporting</p> <p>IN 4. Proper use of restriction and exclusion</p> <p>IN 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p>IN 6. Proper eating, tasting, drinking, or tobacco use</p> <p>IN 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p>IN 8. Hands clean & properly washed</p> <p>IN 9. No bare hand contact with RTE food</p> <p>IN 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p>IN 11. Food obtained from approved source</p> <p>NO 12. Food received at proper temperature</p> <p>IN 13. Food in good condition, safe, & unadulterated</p> <p>NA 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p>IN 15. Food separated & protected; Single-use gloves</p> | <p>IN 16. Food-contact surfaces; cleaned & sanitized</p> <p>IN 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p>IN 18. Cooking time & temperatures</p> <p>NO 19. Reheating procedures for hot holding</p> <p>NO 20. Cooling time and temperature</p> <p>IN 21. Hot holding temperatures</p> <p>IN 22. Cold holding temperatures</p> <p>IN 23. Date marking and disposition</p> <p>NA 24. Time as PHC, procedures & records</p> <p>CONSUMER ADVISORY</p> <p>IN 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p>NA 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p>IN 27. Food additives; approved & properly used</p> <p>IN 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p>NA 29. Variance/specialized process/HACCP</p> |
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Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

14-48-00015 West Elementary School



Good Retail Practices

<p>SAFE FOOD AND WATER</p> <p>NA 30. Pasteurized eggs used where required</p> <p>IN 31. Water & ice from approved source</p> <p>NA 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</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 & accurate</p> <p>FOOD IDENTIFICATION</p> <p>IN 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p>IN 38. Insects, rodents, & 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 & stored</p> <p>NO 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p>IN 43. In-use utensils: properly stored</p> <p>IN 44. Equipment & linens: stored, dried, & handled</p> <p>IN 45. Single-use/single-service articles: stored & used</p>	<p>NA 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VENDING</p> <p>IN 47. Food & non-food contact surfaces</p> <p>IN 48. Ware washing: installed, maintained, & used; test strips</p> <p>IN 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p>IN 50. Hot & cold water available; adequate pressure</p> <p>IN 51. Plumbing installed; proper backflow devices</p> <p>IN 52. Sewage & waste water properly disposed</p> <p>IN 53. Toilet facilities: supplied, & cleaned</p> <p>IN 54. Garbage & refuse disposal</p> <p>IN 55. Facilities installed, maintained, & clean</p> <p>IN 56. Ventilation & 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: Hamburger Patty- 163 degrees F

Hot hold: Hamburgers-140 degrees F

French Fries -139 degrees F

Cold holding: Chopped salad- 40 degrees F

Milk 39 degrees F

Ambient: Cooler 22 degrees F

Freezer -21 degrees F

Email Address(es): No Email Addresses Available

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Inspection Conducted By: Daniel Morris (027075)
Inspector Contact Number: Work: (863) 231-6481 ex.
Print Client Name:
Date: 12/2/2025

Inspector Signature:

Handwritten signature of Daniel Morris in black ink.

Form Number: DH 4023 03/18

Client Signature:

Handwritten signature of the client in black ink.

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