



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety

**FOOD SAFETY INSPECTION REPORT**

Chapter 500, Florida Statutes  
(850) 245-5520



Visit # 9999-7182-1203-55  
Bureau of Food Inspection  
Attention: Records Section  
3125 Conner Boulevard, C-26  
Tallahassee, FL 32399-1650

Print Date: May 15, 2018

Food Entity Number: 367318  
Food Entity Name: S&S FOOD STORES #346  
Date of Visit: May 15, 2018  
Food Entity Address: 10019 US Highway 129 Live Oak, FL32060-6775  
Food Entity Mailing Address: PO Box 1510 Bainbridge, GA 39818-1510  
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice  
Food Entity Owner: SOUTHWEST GEORIGIA OIL CO INC (SGO) Owner Code: SGO

**INSPECTION SUMMARY - Met Inspection Requirements**

On May 15, 2018, S&S FOOD STORES #346 was inspected by LEONEL GARCIA, a representative of the Florida Department of Agriculture and Consumer Services. Any violations observed during this inspection must be corrected to be in compliance with Chapter 500, Florida Statutes, and Rule 5K-4, Florida Administrative Code.

**PERMIT APPLICATION INFORMATION**

The permit application information was verified with management or a qualified representative.

**COMPLIANCE KEY**

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

| <u>Violation Number</u> | <u>Compliance Status</u> | <u>Violation Description</u>                                                                                                   |
|-------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1                       | IN                       | Supervision: Person in Charge present, demonstrates knowledge, and performs duties                                             |
| 2                       | OUT                      | Employee Health: Management, food employee and conditional employee; knowledge, responsibilities and reporting                 |
| 3                       | IN                       | Employee Health: Proper use of restriction and exclusion                                                                       |
| 4                       | IN                       | Good Hygienic Practices: Proper eating, tasting, drinking, or tobacco use                                                      |
| 5                       | IN                       | Good Hygienic Practices: No discharge from eyes, nose, and mouth                                                               |
| 6                       | IN                       | Preventing Contamination by Hands: Hands clean and properly washed                                                             |
| 7                       | IN                       | Preventing Contamination by Hands: No bare hand contact with ready-to-eat foods or approved alternate method properly followed |
| 8                       | OUT                      | Preventing Contamination by Hands: Adequate handwashing sinks, properly supplied and accessible                                |
| 9                       | IN                       | Approved Source: Food obtained from approved source                                                                            |
| 10                      | IN                       | Approved Source: Food received at proper temperature                                                                           |
| 11                      | IN                       | Approved Source: Food in good condition, safe and unadulterated                                                                |
| 12                      | N/A                      | Approved Source: Required records available: shellstock tags, parasite destruction                                             |
| 13                      | IN                       | Protection from Contamination: Food separated and protected                                                                    |
| 14                      | IN                       | Protection from Contamination: Food-contact surfaces: cleaned and sanitized                                                    |



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**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

| <u>Violation Number</u> | <u>Compliance Status</u> | <u>Violation Description</u>                                                                                     |
|-------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------|
| 15                      | IN                       | Protection from Contamination: Proper disposition of returned, previously served, reconditioned, and unsafe food |
| 16                      | N/A                      | Potentially Hazardous Food Time/Temperature: Proper cooking time and temperature                                 |
| 17                      | IN                       | Potentially Hazardous Food Time/Temperature: Proper reheating procedures for hot holding                         |
| 18                      | IN                       | Potentially Hazardous Food Time/Temperature: Proper cooling time and temperatures                                |
| 19                      | IN                       | Potentially Hazardous Food Time/Temperature: Proper hot holding temperatures                                     |
| 20                      | IN                       | Potentially Hazardous Food Time/Temperature: Proper cold holding temperatures                                    |
| 21                      | IN                       | Potentially Hazardous Food Time/Temperature: Proper date marking and disposition                                 |
| 22                      | N/A                      | Potentially Hazardous Food Time/Temperature: Time as a public health control: procedures and records             |
| 23                      | N/A                      | Consumer Advisory: Consumer advisory provided for raw or undercooked foods                                       |
| 24                      | N/A                      | Highly Susceptible Populations: Pasteurized Foods, Prohibited Re-service, and Prohibited Foods*                  |
| 25                      | N/A                      | Chemical: Food additives: approved and properly used                                                             |
| 26                      | OUT                      | Chemical: Toxic substances properly identified, stored, and used                                                 |
| 27                      | N/A                      | Conformance with Approved Procedures                                                                             |

**GOOD RETAIL PRACTICES**

| <u>Violation Number</u> | <u>Compliance Status</u> | <u>Violation Description</u>                                                                                          |
|-------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 45                      | OUT                      | Utensils Equipment and Vending: Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |
| 52                      | OUT                      | Physical Facilities: Garbage/refuse properly disposed; facilities maintained                                          |
| 53                      | OUT                      | Physical Facilities: Physical facilities installed, maintained, and clean                                             |

**OBSERVATIONS AND CORRECTIVE ACTIONS**

COS = Corrected on Site

P = Priority Citation

Pf = Priority Foundation Citation

(Directly Associated with Foodborne Illnesses) (Supports or Leads to a Priority Citation)

**INSPECTION: RISK BASED**



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INSPECTION: RISK BASED

Violation  
Number

Citation Description

COS Observation

|    |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 2  | Person in charge does not ensure food employees and conditional employees are informed of their responsibility to report to the person in charge, information about their health and activities as they relate to diseases that are transmissible through food. 2-103.11(N) | <input type="checkbox"/> FOOD ENTITY MANAGEMENT COULD NOT CONFIRM PERSON IN CHARGE HAS ENSURE FOOD EMPLOYEES AND CONDITIONAL EMPLOYEES ARE INFORMED OF THEIR RESPONSIBILITY TO REPORT TO THE PERSON IN CHARGE INFORMATION ABOUT THEIR HEALTH AND ACTIVITIES AS THEY RELATE TO DISEASES THAT ARE TRANSMISSIBLE THROUGH FOOD. |    |
| 8  | Handwashing sink not accessible at all times for employee use, is used for other purposes or automatic facility not used in accordance with manufacturer's instructions. 5-205.11 Pf                                                                                        | <input checked="" type="checkbox"/> BACKROOM AREA. ACCESS TO HANDSINK LOCATED NEXT TO ICE MAKER IS OBSTRUCTED WITH PLASTIC TOTE AND SHELF LOCATED IN FRONT OF UNIT. COS. ITEMS RELOCATED DURING VISIT.                                                                                                                      | Pf |
| 26 | Poisonous or toxic materials not stored to prevent contamination of food, equipment, utensils, linens, and single-service and single-use articles by separation or location. 7-201.11 P                                                                                     | <input checked="" type="checkbox"/> BACKROOM AREA. CONTAINERS OF BLEACH AND CLEANING SOLUTION FOUND STORED ON DRAINBOARD OF WAREWASH SINK. COS. ITEMS RELOCATED TO A SUITABLE STORAGE LOCATION.                                                                                                                             | P  |

INSPECTION: GRP

Violation  
Number

Citation Description

COS Observation



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**INSPECTION: GRP**

**Violation Number**

**Citation Description**

**COS Observation**

- |    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 45 | Non food-contact surfaces not free of unnecessary ledges, projections, and crevices or not designed and constructed to allow easy cleaning to facilitate maintenance. 4-202.16                                                                                | <input type="checkbox"/> FOOD ENTITY. CRATES AND CRATE STYLE PLATFORMS USED AS PERMANENT STORAGE PLATFORM FOR VARIOUS FOOD ITEMS THROUGHOUT STORE.                                                          |
| 45 | Dollies, pallets, racks, and skids used in cased or overwrapped lot, not designed to be moved by hand or by conveniently available equipment such as hand trucks and forklifts. 4-204.122                                                                     | <input checked="" type="checkbox"/> BACKROOM AREA. WATER HOSE EMPTY PLASTIC CONTAINER DIRTY CLOTH HAMPER AND CLEANING EQUIPMENT LOCATED ON FLOOR AREA IN FRONT OF WAREWASH SINK OBSTRUCTING ACCESS TO UNIT. |
| 52 | Receptacles and waste handling units for refuse, recyclables, and returnables not kept covered with tight fitting lids or doors when located outdoors; or indoor receptacles that contain food not kept covered when not in continuous use or full. 5-501.113 | <input type="checkbox"/> OUTSIDE AREA. WASTE DUMPSTER KEPT OPEN WHEN NOT IN USE.                                                                                                                            |
| 53 | Floors, floor coverings, walls, wall coverings, and ceilings not designed constructed, and installed so they are smooth and easily cleanable. 6-201.11                                                                                                        | <input type="checkbox"/> BACKROOM AREA. MULTIPLE HOLES ON WALL LOCATED BEHIND WAREWASH SINK.                                                                                                                |

**COMMENTS**



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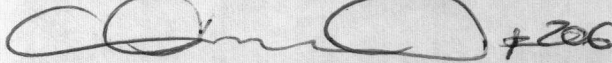
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**ACKNOWLEDGMENT**

I acknowledge receipt of a copy of this document, and I further acknowledge that I have verified the location and mailing addresses on the first page of this document are correct, or I have written the correct information on the first page of this document.

  
\_\_\_\_\_  
(Signature of FDACS Representative)

  
\_\_\_\_\_  
(Signature of Representative)

LEONEL GARCIA, SANITATION AND SAFETY SPECIALIST  
\_\_\_\_\_

MS. SARAH GARNER, CASHIER  
\_\_\_\_\_

Print Name and Title