

FOOD SAFETY INSPECTION REPORT

Chapter 500, Florida Statutes (850) 245-5520

Print Date: July 31, 2018

Visit # 3314-0000-69
Bureau of Food Inspection
Attention: Records Section
3125 Conner Boulevard, C-26
Tallahassee, FL 32399-1650

Food Entity Number:

64794

Food Entity Name:

FAMILY DOLLAR # 0977

Date of Visit:

July 31, 2018

Food Entity Address:

105 Hatley ST W Jasper, FL32052-6665

Food Entity Mailing Address:

500 VOLVO PARKWAY CHESAPEAKE, VA 23320

Food Entity Type/Description:

152/ Minor Outlet with Perishables

Food Entity Owner:

FAMILY DOLLAR STORES OF FLORIDA LLC(FAM)

Owner Code:

FAM

INSPECTION SUMMARY - Met Inspection Requirements

On July 31, 2018, FAMILY DOLLAR # 0977 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</u>	<u>Compliance</u>	
Number	<u>Status</u>	Violation Description
1	IN	Supervision: Person in Charge present, demonstrates knowledge, and performs duties
2	IN	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	N/A	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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Violation	Compliance		
<u>Number</u>	<u>Status</u>	Violation Description	
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	N/A	Potentially Hazardous Food Time/Temperature: Proper reheating procedures for hot holding	
18	IN	Potentially Hazardous Food Time/Temperature: Proper cooling time and temperatures	
19	N/A	Potentially Hazardous Food Time/Temperature: Proper hot holding temperatures	
20	IN	Potentially Hazardous Food Time/Temperature: Proper cold holding temperatures	
21	N/A	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</u>	<u>Compliance</u>	
<u>Number</u>	<u>Status</u>	Violation Description
36	OUT	Prevention of Food Contamination: Insects, rodents, and animals not present
51	OUT	Physical Facilities: Toilet facilities: properly constructed, supplied, cleaned -
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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Citation Description

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Handwashing sink or group of 2 adjacent

liquid, powder, or bar soap. 6-301.11 Pf

separation or location. 7-201.11 P

handwashing sinks not provided with hand cleaning

Poisonous or toxic materials not stored to prevent contamination of food, equipment, utensils, linens, and single-service and single-use articles by

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Violation

Number 8

26

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INSPECTION: RISK BASED

cos	6 Observation	
×	BACKROOM AREA. UNISEX RESTROOM NOT EQUIPPED WITH HANDSOAP. COS. HANDSOAP PROVIDED DURING VISIT.	Pf
図	BACKROOM AREA. MULTIPLE CONTAINERS OF CHEMICALS AND CLEANING AGENT STORED OVER FOOD ITEMS AND PET FOOD LOCATED IN STORAGEROOM. COS. ITEMS RELOCATED TO A SUITABLE	Р

STORAGE LOCATION.

INSPECTION: GRP

<u>Violation</u> <u>Number</u>	Citation Description	cos	Observation
36	Premises not maintained by eliminating harborage conditions. 6-501.111(D)		OUTSIDE AREA. HIGH GRASS AROUND WASTE DUMPSTER AND SIDE OF BUILDING.
51	Toilet room used by females not provided with a covered receptacle for sanitary napkins. 5-501.17		BACKROOM AREA. BOTH UNISEX RESTROOMS LACKING A COVERED WASTE BASKET.
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		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		BACKROOM AREA. HOLE ON WALL OF UNISEX RESTROOM.



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COMMENTS

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. ARIEL JOHNSON, MANAGER

Print Name and Title