



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

Print Date: August 06, 2018

Visit # 3327-0000-40
Bureau of Food Inspection
Attention: Records Section
3125 Conner Boulevard, C-26
Tallahassee, FL 32399-1650

Food Entity Number: 288824
Food Entity Name: RAJ FOOD STORE
Date of Visit: August 06, 2018
Food Entity Address: 700 E Washington ST Monticello, FL32344-2549
Food Entity Mailing Address: 700 E Washington ST Monticello, FL 32344-2549
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice
Food Entity Owner: GOVIND CHAUDHARI DBA RAJ FOOD STORE

Owner Code:

INSPECTION SUMMARY - Met Inspection Requirements; Check Back Needed

On August 06, 2018, RAJ FOOD STORE was inspected by YOLANDA SYLVE, a representative of the Florida Department of Agriculture and Consumer Services. Violations observed during the inspection must be corrected to be in compliance with Chapter 500, Florida Statutes, and Rule 5K-4, Florida Administrative Code. A Department inspector will check-back to ensure 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	OUT	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 appropriate 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	N/O	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	OUT	Protection from Contamination: Food separated and protected
14	OUT	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	N/O	Potentially Hazardous Food Time/Temperature: Proper reheating procedures for hot holding
18	N/O	Potentially Hazardous Food Time/Temperature: Proper cooling time and temperatures
19	N/O	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 Number</u>	<u>Compliance Status</u>	<u>Violation Description</u>
34	OUT	Food Temperature Control: Thermometers provided and accurate used
45	OUT	Utensils Equipment and Vending: Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
46	OUT	Utensils Equipment and Vending: Warewashing facilities: installed, maintained, used; test strips -
47	OUT	Utensils Equipment and Vending: Nonfood-contact surfaces clean
50	OUT	Physical Facilities: Sewage and waste water properly disposed
51	OUT	Physical Facilities: Toilet facilities: properly constructed, supplied, cleaned -
53	OUT	Physical Facilities: Physical facilities installed, maintained, and clean



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VENDED WATER / VENDED ICE

<u>Violation Number</u>	<u>Compliance Status</u>	<u>Violation Description</u>
213	OUT	Required Records Available/Provided

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

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
1	Person in charge or food establishment employee is not a certified food protection manager who has passed a test through a recognized accredited certification program as specified in the FDA Food Code, 2-102.11(B) or as specified in 5K-4.021. F.A.C. (Recognized accredited certification programs include: National Registry of Food Safety Professionals (FSP Certificate) (800) 446-0257, Website: www.nrfsp.com; Prometric (800) 624-2736 Website: prometric.com; National Restaurant Association Education Foundation, SERVESAFE Program (800) 765-2122, Website: www.servesafe.com; 360 TRAINING (888) 360-8764, Website: www.360training.com or AboveTraining/StateFoodSafety.com, (801) 494-1416. 2-102.11(B)Pf	<input type="checkbox"/>	RETAIL- NO CERTIFIED FOOD MANAGER.	Pf
2	Person in charge does not correctly respond to questions that relate to foodborne disease by a food employee who has a disease, medical condition or symptom that may cause foodborne disease or does not comply with reporting responsibilities and exclusion or restriction of food employees. 2-102.11(C)(2)-(3) & (17) Pf	<input type="checkbox"/>	RETAIL- PERSON IN CHARGE DOES NOT CORRECTLY RESPOND TO QUESTIONS THAT RELATE TO FOODBORNE DISEASES. EMPLOYEE HEALTH GUIDE HAND OUT WERE DISCUSSED AND LEFT WITH PERSON IN CHARGE.	Pf



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INSPECTION: RISK BASED

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS Observation</u>	
8	Handwashing sink or group of 2 adjacent handwashing sinks not provided with hand cleaning liquid, powder, or bar soap. 6-301.11 Pf	<input checked="" type="checkbox"/> RETAIL- NO HAND CLEANSER PROVIDED AT HAND WASHING SINK. COS HAND CLEANSER WAS SUPPLIES.	Pf
13	Raw animal food types that require different cook temperatures not separated from each other during storage, preparation, holding or display. 3-302.11(A) (2) P	<input checked="" type="checkbox"/> RETAIL- RAW EGGS DISPLAYED OVER READY TO EAT SANDWICHES IN REACH IN COOLER. COS EGGS WERE RELOCATED.	P
14	Equipment or utensils not clean to sight and touch. 4-601.11(A) Pf	<input checked="" type="checkbox"/> RETAIL- UTENSILS USED FOR PICKLED SAUSAGE, PICKS AND EGGS HAVE DRIED RESIDUE BUILDUP. COS UTENSILS WERE REMOVED FORM SERVICE.	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"/> RETAIL- IN CABINET BY COFFEE MACHINE AND ON DISPLAYED SHELVING CLEANING CHEMICALS DISPLAYED BY FOODS. COS CHEMICALS WERE RELOCATED.	P

INSPECTION: GRP

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS Observation</u>	
34	Food temperature measuring device with a suitable small diameter probe not provided and readily accessible for assessing food temperatures as specified in the FDA Food Code. 4-302.12 Pf	<input type="checkbox"/> RETAIL - NO PROBE THERMOMETER AVAILABLE THE VERIFY RECEIVING PERISHABLE FOODS OR COLD HOLDING.	Pf
45	Equipment or component not maintained in good repair, intact, tight, and adjusted in accordance with manufacturer's specifications including maintaining cutting or piercing parts of can openers sharp. 4-501.11	<input type="checkbox"/> WALK IN COOLER - AIR UNIT IS IN DISREPAIR CAUSING LEAK.	



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INSPECTION: GRP

Violation
Number

Citation Description

COS Observation

46	Warewashing equipment not cleaned before use or throughout day at frequency necessary to prevent recontamination of equipment and utensils or at least every 24 hours if used. 4-501.14	<input type="checkbox"/> WARE WASHING AREA- WARE WASHING SINK HAS BLACK RESIDUE BUILDUP.
46	Sanitizer concentration test kits not available or not readily accessible. 4-302.14 Pf	<input checked="" type="checkbox"/> WARE WASHING AREA- NO SANITIZER TEST KIT AVAILABLE DURING THIS INSPECTION. COS INSPECTOR PROVIDED TEMPORARY TEST KIT.
47	Non food-contact surfaces of equipment not cleaned at a frequency necessary to preclude accumulation of soil residues. 4-602.13	<input type="checkbox"/> RETAIL- BLACK RESIDUE UP INSIDE BOTTOM SURFACE OF SANDWICH REACH IN COOLER.
50	Direct connection exists between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed. 5-402.11	<input type="checkbox"/> WARE WASHING AREA- WARE WASHING SINK HAS DIRECT CONNECTION.
51	Toilet room opens directly into a processing area. 5K-4.004(3)(d)	<input checked="" type="checkbox"/> WARE WASHING/ ICE BAGGING AREA- RESTROOM DOOR OPEN DIRECTLY INTO ICE BAGGING AREA.
51	Plumbing fixtures including but not limited to handwashing sinks, toilets and urinals not cleaned as often as necessary to keep them clean. 6-501.18	<input checked="" type="checkbox"/> RETAIL - HAND WASHING SINK HAD STICKY RESIDUE BUILDUP. COS SINK WAS CLEANED DURING INSPECTION.
53	Premises not free of litter and items that are unnecessary to the operation or maintenance of the establishment such as equipment that is nonfunctional or no longer used. 6-501.114	<input type="checkbox"/> OUTSIDE - CONSTRUCTION DEBRIS BUILDUP DUE TO ACCIDENT CAUSE DAMAGE.
53	Physical facilities cleaning not done as often as necessary to keep them clean or during periods when the least amount of food is exposed such as after closing. 6-501.12	<input type="checkbox"/> RETAIL AND WARE WASHING AREAS- FLOOR SURFACE UNDER WARE WASHING SINK AND UNDER EQUIPMENT IN RETAIL AREA HAS DUST ACCUMULATION.

Pf



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INSPECTION: GRP

Violation Number

53

Citation Description

Physical facilities not maintained in good repair.
6-501.11

COS Observation

- RETAIL- CRACKED FLOOR TILES, WALLS DAMAGE AND GLASS DOOR TO REACH IN COOLER IS BUSTED DUE TO ACCIDENT , SAGGING CEILING TILES.

INSPECTION: VENDED WATER/VENDED ICE

Violation Number

213

Citation Description

Finished product packaged ice not sampled for microbiological analysis by an approved laboratory at least once every three months. 5K-4.023(5)(e) F.A.C.

COS Observation

- RETAIL- NO CURRENT ICE SAMPLE ANALYSIS PROVIDED DURING THIS INSPECTION.

COMMENTS

Check back inspection will be conducted on or about 90 days or the day of this inspection to verify the direct connection to ware wash sink drain line has been corrected and the direct opening of employee restroom into ice bagging area. Corrective actions, include the issuance of stop use order of equipment and/ food service may be taken if corrections have not been made before the 90 days inspection occurs. The food establishment may call (850) 245-5520 to request a check back inspection if correction have been made before the scheduled 90 days check back inspection.

Food establishment will be given 30 days to comply with current ice sample analysis, and can be made via email by sending copy of current ice sample analysis to Yoolanda.Sylve@freshfromflorida.com.

Minimum construction requirement , employee health guide and packing ice hand outs left with person in charge. Building was recently plowed into by vehicle.



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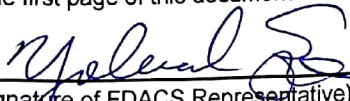
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ACKNOWLEDGMENT

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)

YOLANDA SYLVE, SENIOR SANITATION AND SAFETY SPECIALIST



(Signature of Representative)

RAJESH KUMAR CROW

Print Name and Title