

FOOD SAFETY INSPECTION REPORT

Chapter 500, Florida Statutes (850) 245-5520

Visit # 9999-7182-1237-27 Bureau of Food Inspection Attention: Records Section 3125 Conner Boulevard, C-26

Tallahassee, FL 32399-1650

Print Date: November 06, 2018

Food Entity Number:

333331

Food Entity Name:

JOHNSON & JOHNSON INC

Date of Visit:

November 06, 2018

Food Entity Address:

1407 E US 90 MADISON, FL32340-7062

Food Entity Mailing Address:

PO Box 157 Madison, FL 32341-0157

Food Entity Type/Description:

123/ Convenience Store Limited FS

Food Entity Owner:

JOHNSON & JOHNSON INC (JJI)

Owner Code:

JJI

INSPECTION SUMMARY - Met Inspection Requirements

On November 06, 2018, JOHNSON & JOHNSON INC 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

Violation Number 1	Compliance Status OUT	<u>Violation Description</u> 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	IN	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	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

Violation	<u>Compliance</u>	
<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	IN	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	IN	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	IN	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
45	OUT	Utensils Equipment and Vending: Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
54	OUT	Physical Facilities: Adequate ventilation and lighting; designated areas use -

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

Violation **Number**

Citation Description

COS Observation

FDACS 14205 Rev. 07/13



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INSPECTION: RISK BASED

<u>Violation</u> <u>Number</u>	Citation Description	cos	Observation	
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		FOOD ENTITY MANAGEMENT DOES NOT HAVE AN ACTIVE CERTIFIED FOOD MANAGER EMPLOYEE ON STAFF.	Pf
2	No employee health policy to report information about employee or conditional employee health and activities as they relate to symptoms or diagnosis of diseases that are transmissible through food. 2-201.11(A) P		FOOD ENTITY MANAGEMENT DOES NOT HAVE AN ACTIVE EMPLOYEE HEALTH POLICY TO DEAL WITH A SICK EMPLOYEE.	Р
	INSPECTION:			

INSPECTION: GRP

<u>Violation</u> <u>Number</u>	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		FOOD ENTITY USING CRATES AS PERMANENT STORAGE PLATFORM FOR VARIOUS FOOD ITEMS.
54	Ventilation hood systems and devices not sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings. 4-301.14		BACKROOM AREA. COOKING RANGE NOT EQUIPPED WITH AN EXHAUST SYSTEM.



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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)

LEONEL GARCIA, SANITATION AND SAFETY SPECIALIST

(Signature of Representative)

MR. JESSY DORPINGHAUS, CASHIER

Print Name and Title