



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 # 3386-0000-20
Bureau of Food Inspection
Attention: Records Section
3125 Conner Boulevard, C-26
Tallahassee, FL 32399-1650

Print Date: November 30, 2018

Food Entity Number: 09251
Food Entity Name: JIFFY FOOD STORE # 0317
Date of Visit: November 30, 2018
Food Entity Address: 8267 E US Highway 90 Lee, FL32059-6017
Food Entity Mailing Address: 1102 Howard ST E Live Oak, FL 32064-3502
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice
Food Entity Owner: JIFFY FOOD STORES (JFO) Owner Code: JFO

INSPECTION SUMMARY - Met Inspection Requirements; Check Back Needed

On November 30, 2018, JIFFY FOOD STORE # 0317 was inspected by LEONEL GARCIA, 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 | 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 | 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 | 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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|-----------------------------------|------------------------------------|--|
| 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 | IN | Potentially Hazardous Food Time/Temperature: Proper hot holding temperatures |
| 20 | IN | Potentially Hazardous Food Time/Temperature: Proper cold holding temperatures |
| 21 | N/O | 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>Number</u> | <u>Compliance</u> <u>Status</u> | <u>Violation Description</u> |
|-----------------------------------|------------------------------------|---|
| 43 | OUT | Proper Use of Utensils: Single-use/single-service articles: properly stored, and 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 - |
| 50 | OUT | Physical Facilities: Sewage and waste water properly disposed |
| 51 | OUT | Physical Facilities: Toilet facilities: properly constructed, supplied, cleaned - |
| 52 | OUT | Physical Facilities: Garbage/refuse properly disposed; facilities maintained |
| 54 | OUT | Physical Facilities: Adequate ventilation and lighting; designated areas use - |



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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

| | | | |
|---|--|--|----|
| 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"/> FOOD ENTITY MANAGEMENT UNABLE TO VERIFY FOOD ENTITY HAS AN ACTIVE CERTIFIED FOOD MANAGER EMPLOYEE ON STAFF. | Pf |
| 8 | Handwashing sink or group of adjacent handwashing sinks not provided with either individual, disposable towels, continuous towel system, high velocity pressurized air at ambient temperature, or heated-air hand drying device. 6-301.12 Pf | <input type="checkbox"/> BACKROOM AREA. HANDSINK NOT EQUIPPED WITH PAPER TOWELS OR DRYING DEVICE. | Pf |
| 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 type="checkbox"/> BACKROOM AREA. HANDSINK NOT EQUIPPED WITH HANDSOAP. | Pf |

INSPECTION: GRP

**Violation
Number**

Citation Description

COS Observation



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| <u>Violation Number</u> | <u>Citation Description</u> | <u>COS</u> | <u>Observation</u> |
|-------------------------|---|-------------------------------------|---|
| 43 | Single-service or single-use articles not stored in a clean, dry location, exposed to splash, dust, or other contamination, at least 6 inches above the floor. 4-903.11(A) | <input checked="" type="checkbox"/> | BACKROOM AREA. BOX OF SINGLE USE CUPS STORED DIRECTLY ON FLOOR INSIDE OF UNISEX RESTROOM. COS. ITEM RELOCATED TO A SUITABLE STORAGE LOCATION. |
| 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. ACCUMULATION OF BIG HEAVY BULKY ITEMS STORED OVER AND IN FRONT OF WAREWASH SINK OBSTRUCTING ACCESS TO UNIT. COS. ITEMS RELOCATED TO A SUITABLE STORAGE LOCATION. |
| 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 PLATFORM USED AS PERMANENT STORAGE PLATFORM FOR VARIOUS FOOD ITEMS THROUGHOUT STORE. |
| 46 | Wash, rinse, and sanitizer solutions not maintained clean. 4-501.18 | <input type="checkbox"/> | BACKROOM AREA. WAREWASH SINK NOT KEPT CLEAN IN BETWEEN USE. |
| 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"/> | BACKROOM AREA. DRAINLINE OF WAREWASH SINK NOT EQUIPPED WITH AN AIR GAP. CHECKBACK WILL BE CONDUCTED IN 90 DAYS TO VERIFY COMPLIANCE. |
| 51 | Toilet room used by females not provided with a covered receptacle for sanitary napkins. 5-501.17 | <input type="checkbox"/> | BACKROOM AREA. UNISEX RESTROOM NOT EQUIPPED WITH 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 | <input type="checkbox"/> | OUTSIDE AREA. WASTE DUMPSTER KEPT OPEN WHEN NOT IN USE. |



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COS Observation

54

Lighting not shielded, coated, or otherwise
shatter-resistant in areas where there is exposed
food, clean equipment, utensils, and linens, or
unwrapped single-service and single-use articles.
6-202.11(A)

☐ BACKROOM AREA. CEILING
LIGHTS OVER WAREWASH SINK
NOT SHIELDED OR SHATTER
PROOF.

COMMENTS

A check back inspection will be conducted on or about 90 days from the date of this inspection to verify that all direct connection plumbing violations have been corrected or documentation has been provided stating that the local plumbing authority having jurisdiction allows or requires the subject direct connections. Corrective actions, including the issuance of a stop use order for equipment and/or food service may be taken if the corrections have not been made before the 90 day check back inspection occurs. Please call 1-850-245-5520 to request a check back inspection if the corrections have been made before the scheduled 90 day check back inspection.

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. BRYAN HUGHES, MANAGER

Print Name and Title

