



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 3386-0000-72  
Bureau of Food Inspection  
Attention: Records Section  
3125 Conner Boulevard, C-26  
Tallahassee, FL 32399-1650

**FOOD SAFETY INSPECTION REPORT**

Chapter 500, Florida Statutes  
(850) 245-5520

Print Date: December 19, 2018

Food Entity Number: 307019  
Food Entity Name: PURE DISCOUNT STORE  
Date of Visit: December 19, 2018  
Food Entity Address: 296 E Base ST Madison, FL32340-2404  
Food Entity Mailing Address: 296 E Base ST Madison, FL 32340-2404  
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice  
Food Entity Owner: RAMJI INC DBA PURE DISCOUNT STORE  
Owner Code:

**INSPECTION SUMMARY - Met Inspection Requirements; Check Back Needed**

On December 19, 2018, PURE DISCOUNT STORE 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	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	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	N/A	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	N/A	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/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	IN	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>
43	OUT	Proper Use of Utensils: Single-use/single-service articles: properly stored, and used
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
53	OUT	Physical Facilities: Physical facilities installed, maintained, and clean

**VENDED WATER / VENDED ICE**

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



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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**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS 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"/> FOOD ENTITY MANAGEMENT HAS NOT ENSURE TO MAINTAIN 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	<input type="checkbox"/> FOOD ENTITY MANAGEMENT HAS NOT ENSURE TO MAINTAIN AN ACTIVE EMPLOYEE HEALTH POLICY TO DEAL WITH SICK EMPLOYEES.	P
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"/> FOOD ENTITY. HANDSINKS IN MULTIPLE LOCATIONS NOT EQUIPPED WITH HANDSOAP.	Pf
8	Handwashing sink not located to allow convenient use by employees in food preparation, food dispensing and warewashing areas or not located in or immediately adjacent to toilet rooms. 5-204.11 Pf	<input type="checkbox"/> BACKROOM. EMPLOYEES RESTROOM NOT EQUIPPED WITH A CONVENIENTLY LOCATED HANDSINK.	Pf



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**INSPECTION: RISK BASED**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
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"/>	FOOD ENTITY. HANDSINKS IN MULTIPLE LOCATIONS NOT EQUIPPED WITH PAPER TOWELS OR DRYING DEVICE.	Pf

**INSPECTION: GRP**

<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 type="checkbox"/>	FOOD SERVICE. SINGLE USE ITEMS LIKE CUPS LIDS STRAWS STORED UNDER DRAINLINES LOCATED INSIDE CABINETS UNDER FOOD SERVICE COUNTER.	
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"/>	FOOD SERVICE. DRAINLINE OF WAREWASH SINK NOT EQUIPPED WITH AN INDIRECT CONNECTION. CHECKBACK TO VERIFY COMPLIANCE WILL BE CONDUCTED ON OR ABOUT 90DAYS FROM TODAY.	
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 type="checkbox"/>	BACKROOM. RESTROOM FIXTURES ARE DIRTY AND STAINED.	
51	Toilet room not enclosed where required or not provided with tight-fitting self-closing door except as specified in the food code. 6-202.14	<input type="checkbox"/>	BACKROOM. RESTROOM DOOR NOT EQUIPPED WITH A SELF CLOSING MECHANISM.	
51	Toilet room used by females not provided with a covered receptacle for sanitary napkins. 5-501.17	<input type="checkbox"/>	BACKROOM. UNISEX RESTROOMS NOT EQUIPPED WITH A COVERED WASTE BASKET.	



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**INSPECTION: GRP**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
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. WASTE DUMPSTER KEPT OPEN WHEN NOT IN USE.
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"/>	FOOD ENTITY. ACCUMULATION OF DUST AND SOIL ON SURFACES OF WALK IN COOLER REFRIGERATION FANS AND FLOOR.

**INSPECTION: VENDED WATER/VENDED ICE**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
213	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.	<input type="checkbox"/>	FOOD ENTITY STORE BAGGED ICE FINISH PRODUCT MICRO TEST RESULTS AVAILABLE DATED JAN 2018. CHECKBACK TO VERIFY COMPLIANCE WILL BE CONDUCTED ON OR ABOUT 90DAYS FROM TODAY.

**COMMENTS**



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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

MR. AMISH PATEL, CASHIER

Print Name and Title

