

## NICOLE "NIKKI" FRIED 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: February 13, 2019

Visit # 3416-0001-29 Bureau of Food Inspection Attention: Business Center 3125 Conner Boulevard, C-26 Tallahassee, FL 32399-1650

Food Entity Number:

331602

Food Entity Name: Date of Visit: WALGREENS # 12578 February 13, 2019

Food Entity Address:

2117 S Byron Butler Pkwy Perry, FL32348-6101

Food Entity Mailing Address: Food Entity Type/Description:

PO Box 901 Deerfield, IL 60015-0901 152/ Minor Outlet with Perishables

Food Entity Owner:

WALGREEN CO ATTEN: LICENSING (WGN)

Owner Code:

WGN

## **INSPECTION SUMMARY - Met Inspection Requirements**

On February 13, 2019, WALGREENS # 12578 was inspected by KRISTEN SEARER-JONES, 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>	
<u>Number</u>	<u>Status</u>	Violation Description
1	OUT	Supervision: Person in Charge present, demonstrates knowledge, and performs duties
2	N/A	Employee Health: Management, food employee and conditional employee; knowledge, responsibilities and reporting
3	N/A	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	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	N/A	Protection from Contamination: Food-contact surfaces: cleaned and sanitized

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PO Box 901 Deerfield, IL 60015-0901

Food Entity Type/Description:

152/ Minor Outlet with Perishables

Food Entity Owner:

WALGREEN CO ATTEN: LICENSING (WGN)

Owner Code:

WGN

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<u>Violation</u>	<b>Compliance</b>	
<u>Number</u>	<b>Status</b>	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	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

## **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** 

<u>Number</u>

**Citation Description** 

**COS** Observation

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Food Entity Type/Description: Food Entity Owner:

WALGREEN CO ATTEN: LICENSING (WGN)

**INSPECTION: RISK BASED** 

Owner Code:

WGN

**Violation Number** 

1

**Citation Description** 

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

**COS Observation** 

NO CERTIFIED FOOD MANAGER.

Pf

**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)

KRISTEN SEARER-JONES, SANITATION AND SAFETY SPECIALIST

HAKIMA HAMILTON, SHIFT LEAD

Signature of Representative)

Print Name and Title

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