



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



Visit # 3467-0002-40  
Bureau of Food Inspection  
Attention: Business Center  
3125 Conner Boulevard, C-26  
Tallahassee, FL 32399-1650

Print Date: March 22, 2019

Food Entity Number: 341850  
Food Entity Name: S & M FOOD MART  
Date of Visit: March 22, 2019  
Food Entity Address: 1546 N Jefferson Hwy Monticello, FL32344-5577  
Food Entity Mailing Address: 1546 N Jefferson Hwy Monticello, FL 32344-5577  
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice  
Food Entity Owner: MANASVI INC DBA S & M FOOD MART

Owner Code:

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

On March 22, 2019, S & M FOOD MART 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	IN	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	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**

<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/A	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>
42	OUT	Proper Use of Utensils: Utensils, equipment and linens: properly stored, dried, handled
43	OUT	Proper Use of Utensils: Single-use/single-service articles: properly stored, and used
47	OUT	Utensils Equipment and Vending: Nonfood-contact surfaces clean
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

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

RETAIL - PERSON IN CHARGE DOES NOT CORRECTLY RESPOND TO QUESTIONS THAT RELATE TO FOODBORNE DISEASES. FOOD ESTABLISHMENT HAS COPY OF EMPLOYEE GUIDE AND EMPLOYEE REPORTING AGREEMENT DISCUSS WITH PERSON IN CHARGE THE IMPORTANCE OF KNOWING INFORMATION IN GUIDE AND HOW TO APPLY IT.

Pf

8

Signs or posters notifying food employees to wash hands not provided at all handwashing sinks. 6-301.14

RESTROOM- NO HAND WASHING SIGN POSTED BY HAND WASHING SINK. SIGN WAS LEFT WITH PERSON IN CHARGE.

INSPECTION: GRP

Violation Number

Citation Description

COS Observation

42

Soiled linens not kept in clean, nonabsorbent receptacles or clean, washable laundry bags and stored and transported to prevent contamination of food, clean equipment, clean utensils, or single-service and single-use articles. 4-803.11

WARE WASHING AREA- SOILED WIPING CLOTHS LEFT ON WARE WASHING SINK.

43

Single-service or single-use articles handled, displayed or dispensed without protection from contamination of food and lip contact surfaces by employees or consumers; or not inverted so only the handles are touched. 4-904.11

RETAIL - COFFEE CUPS DISPLAYED IN DISPENSER ARE EXPOSED.



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**INSPECTION: GRP**

**Violation Number**

**Citation Description**

**COS Observation**

- |    |  |  |
|----|--|--|
| 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 - INSIDE SURFACE OF CABINETS UNDER COFFEE AND SODA MACHINE HAVE DUST AND DEAD INSECTS BUILDUP. |
| 53 | Physical facilities not maintained in good repair. 6-501.11  | <input type="checkbox"/> BACK AREAS- SEVERAL CEILING TILES ARE STAINED AND SAGGING.  |
| 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"/> BACK AREA- BY REGISTER UNUSED EQUIPMENT. RETAIL AREA- UNUSED EQUIPMENT.                               |

**INSPECTION: VENDED WATER/VENDED ICE**

**Violation Number**

**Citation Description**

**COS Observation**

- |     |  |  |
|-----|--|--|
| 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"/> RETAIL - NO FINISHED PRODUCT PACKAGED ICE SAMPLE FOR MICROBIAL ANALYSIS REPORT PROVIDED DURING THIS INSPECTION. SEE COMMENTS. |
|-----|--|--|

**COMMENTS**

Food establishment will be allotted 30 days to get ice sample analysis done. This can be done by sending copy of ice sample analysis via email to Yolanda.Sylve@freshfromflorida.com.

Food establishment only packs ice for retail only.



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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)

Kiran Kolluru (Mike)

Print Name and Title

MANAGER