



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety



Visit # 3648-0000-41
Bureau of Food Inspection
Attention: Business Center
3125 Conner Boulevard, C-26
Tallahassee, FL 32399-1650

FOOD SAFETY INSPECTION REPORT

Chapter 500, Florida Statutes
(850) 245-5520

Print Date: September 05, 2019

Food Entity Number: 51377
 Food Entity Name: FAST TRACK # 0429
 Date of Visit: September 05, 2019
 Food Entity Address: 408 E Base ST Madison, FL32340-2702
 Food Entity Mailing Address: 3715 NW 97th Blvd Ste A Gainesville, FL 32606-7373
 Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice
 Food Entity Owner: LAND O'SUN MANAGEMENT CORP (LOS) Owner Code: LOS

INSPECTION SUMMARY - Met Inspection Requirements

On September 05, 2019, FAST TRACK # 0429 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

<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	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	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

<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	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	IN	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>
36	OUT	Prevention of Food Contamination: Insects, rodents, and animals not present
45	OUT	Utensils Equipment and Vending: Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
47	OUT	Utensils Equipment and Vending: Nonfood-contact surfaces clean
53	OUT	Physical Facilities: Physical facilities installed, maintained, and clean

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: GRP



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INSPECTION: GRP

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
36	Outer openings not protected by effective means against the entry of insects and rodents. 6-202.15	<input type="checkbox"/>	BACKROOM. OPEN HOLES AROUND THE EDGE OF EXHAUST FANS IN DRY STORAGEROOM.
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 PLATFORMS USED AS PERMANENT STORAGE FOR VARIOUS FOOD ITEMS.
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"/>	FOOD SERVICE COUNTER. ACCUMULATION OF FOOD DEBRIS AND OLD DRY SPILLS ON SURFACE OF CAPPUCCINO MAKER.
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"/>	BACKROOM. ACCUMULATION OF OLD DRY FOOD SPILLS ON FLOOR AREA UNDER SHELVES OF WALK IN COOLER.
53	Physical facilities not maintained in good repair. 6-501.11	<input type="checkbox"/>	BACKROOM. DAMAGED DETERIORATING AND DISPLAYING OPEN HOLES ON WALLS OF DRY STORAGEROOM. BROKEN DOOR OF COFFIN FREEZER NOT ALLOWING DOOR TO COMPLETELY CLOSE.

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

MS. IMANI ROBERSON, MANAGER

Print Name and Title

