



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 9999-7182-1338-90  
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: October 10, 2019

Food Entity Number: 381375  
Food Entity Name: A ONE FOOD & BEVERAGE  
Date of Visit: October 10, 2019  
Food Entity Address: 125 SW Washington Ave Madison, FL32340-2006  
Food Entity Mailing Address: 125 SW Washington Ave Madison, FL 32340-2006  
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice  
Food Entity Owner: SHIVSATI INC

Owner Code:

**INSPECTION SUMMARY - Met Inspection Requirements**

On October 10, 2019, A ONE FOOD & BEVERAGE 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	OUT	Protection from Contamination: Food-contact surfaces: cleaned and sanitized





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**INSPECTION: RISK BASED**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
14	Equipment or utensils not clean to sight and touch. 4-601.11(A) Pf	<input checked="" type="checkbox"/>	FOOD SERVICE COUNTER. ACCUMULATION OF OLD FOOD RESIDUE HARD WATER AND SOIL ON SURFACES OF SODA FOUNTAIN UNIT. COS. CLEAN SANITIZED AND CHECKED.	Pf

**INSPECTION: GRP**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
41	In-use utensils not stored in food in the food with handles extending out of the food, clean, dry and protected from contamination, in continuously running water or water of at least 135° F. 3-304.12	<input checked="" type="checkbox"/>	FOOD SERVICE COUNTER. TONGS USED FOR DISPENSING PICKLED PRODUCTS STORED IN SANITIZE SOLUTION IN BETWEEN USE. COS. ITEMS REMOVED AND REPLACED WITH CLEAN DRY STORE UTENSILS.
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 CRATE STYLE AND PALLETS USED AS PERMANENT STORAGE PLATFORM FOR VARIOUS FOOD ITEMS.

**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)

LEONEL GARCIA, SANITATION AND SAFETY SPECIALIST

(Signature of Representative)

MR. KAUSHIK KUMAR, MANAGER

Print Name and Title

