



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 # 9999-7182-1343-38
Bureau of Food Inspection
Attention: Business Center
3125 Conner Boulevard, C-26
Tallahassee, FL 32399-1650

Print Date: October 28, 2019

Food Entity Number: 381721
Food Entity Name: ERIDU COUNTY STORE
Date of Visit: October 28, 2019
Food Entity Address: 12755 N US 19 Greenville, FL32331-8539
Food Entity Mailing Address: 2195 Lake Bradford RD Tallahassee, FL 32310-5885
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice
Food Entity Owner: ERIDU COUNTY STORE LLC

Owner Code:

INSPECTION SUMMARY - Met Inspection Requirements

On October 28, 2019, ERIDU COUNTY STORE 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</u> <u>Number</u>	<u>Compliance</u> <u>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	IN	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	OUT	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	IN	Potentially Hazardous Food Time/Temperature: Proper cooking time and temperature
17	N/O	Potentially Hazardous Food Time/Temperature: Proper reheating procedures for hot holding
18	IN	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>
49	OUT	Physical Facilities: Plumbing installed; proper backflow devices
51	OUT	Physical Facilities: Toilet facilities: properly constructed, supplied, cleaned -

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

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u> <u>Observation</u>
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INSPECTION: RISK BASED

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
2	Person in charge does not ensure food employees and conditional employees are informed of their responsibility to report to the person in charge, information about their health and activities as they relate to diseases that are transmissible through food. 2-103.11(N)	<input type="checkbox"/>	KITCHEN. PRESENT ARE NOT AWARE OF HOW THE POLICY ON HAND WORKS AND AGREEMENT HAS NOT BEEN SIGNED BY EMPLOYEES ON STAFF.	
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"/>	OUTSIDE. RESTROOMS NOT EQUIPPED WITH HANDSOAP.	Pf
13	Ready-to-eat food not protected from cross contamination with raw animal food during storage, preparation, holding or display. 3-302.11(A)(1) P	<input checked="" type="checkbox"/>	BACKROOM. TRAY OF FRESH SHELL EGGS STORED OVER CONTAINER WITH CORN DOGS LOCATED INSIDE REFRIGERATED CASE. COS. ITEM RELOCATED TO A SUITABLE STORAGE LOCATION.	P

INSPECTION: GRP

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
49	Plumbing system not installed to prevent backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use. 5-203.14	<input type="checkbox"/>	FOOD ENTITY. SPIGOTS NOT EQUIPPED WITH A BACKFLOW DEVICE TO CONTROL BACK SIPHONING.
51	Toilet room used by females not provided with a covered receptacle for sanitary napkins. 5-501.17	<input type="checkbox"/>	FOOD ENTITY. LADIES ROOM OUTSIDE AND UNISEX RESTROOM INSIDE NOT EQUIPPED WITH A COVERED WASTE BASKET.

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)

MS. AMY MURRAY, MANAGER

Print Name and Title

