



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 3442-0015-82  
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: February 25, 2020

Food Entity Number: 13937  
Food Entity Name: JIFFY FOOD STORE # 0314  
Date of Visit: February 25, 2020  
Food Entity Address: 105 10th ST SE Steinhatchee, FL32359-3210  
Food Entity Mailing Address: 1102 Howard ST E Live Oak, FL 32064-3502  
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice  
Food Entity Owner: JIFFY FOOD STORES (JFO) Owner Code: JFO

**INSPECTION SUMMARY - Met Inspection Requirements**

On February 25, 2020, JIFFY FOOD STORE # 0314 was inspected by DAVID CANO, 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	OUT	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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**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/O	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	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	OUT	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>
34	OUT	Food Temperature Control: Thermometers provided and accurate used
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
49	OUT	Physical Facilities: Plumbing installed; proper backflow devices
51	OUT	Physical Facilities: Toilet facilities: properly constructed, supplied, cleaned -
53	OUT	Physical Facilities: Physical facilities installed, maintained, and clean
54	OUT	Physical Facilities: Adequate ventilation and lighting; designated areas use -



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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**

1	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: <a href="http://www.nrfsp.com">www.nrfsp.com</a> ; Prometric (800) 624-2736 Website: <a href="http://prometric.com">prometric.com</a> ; National Restaurant Association Education Foundation, SERVESAFE Program (800) 765-2122, Website: <a href="http://www.servesafe.com">www.servesafe.com</a> ; 360 TRAINING (888) 360-8764, Website: <a href="http://www.360training.com">www.360training.com</a> or <a href="http://AboveTraining/StateFoodSafety.com">AboveTraining/StateFoodSafety.com</a> , (801) 494-1416. 2-102.11(B)Pf	<input type="checkbox"/>	NO PROOF OF CERTIFIED FOOD PROTECTION MANAGER AVAILABLE FOR FOOD ESTABLISHMENT.	Pf
1	No procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. 2-501.11 Pf	<input type="checkbox"/>	NO PROCEDURES FOR EMPLOYEES TO FOLLOW FOR CLEANUP OF VOMITING OR DIARRHEAL EVENTS IN THE FOOD ESTABLISHMENT. INSPECTOR GAVE NOROVIRUS CLEANUP GUIDE TO MANAGEMENT.	Pf
14	Equipment, dispensers or utensils contacting food that is not potentially hazardous (time/temperature control for safety food) not cleaned when contamination may have occurred, at least every 24 hours, before restocking, or at a frequency specified by the manufacturer, or absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold. 4-602.11(E)	<input type="checkbox"/>	ICE BAGGING AREA - OBSERVED MOLD-LIKE RESIDUE ON INSIDE FOOD CONTACT SURFACES OF BOTH ICE MAKERS. ICE INSIDE OF UNITS WAS VOLUNTARILY DISPOSED OF. PLEASE SEE SUPPLEMENT AND COMMENTS.	



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**INSPECTION: RISK BASED**

**Violation Number**

**Citation Description**

**COS Observation**

26	Poisonous or toxic materials not stored to prevent contamination of food, equipment, utensils, linens, and single-service and single-use articles by separation or location. 7-201.11 P	<input checked="" type="checkbox"/> WAREWASHING AREA - CHEMICAL CLEANERS WERE STORED ON THE DRAIN BOARD OF THE WAREWASHING SINK. COS - CLEANERS WERE RELOCATED UNDER THE WAREWASHING SINK.	P
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**INSPECTION: GRP**

**Violation Number**

**Citation Description**

**COS Observation**

34	Temperature measuring device sensor not located to measure the air temperature or a simulated product temperature in the warmest part of a mechanically refrigerated unit or in the coolest part of a hot food storage unit or equipment not provided with least one easily readable integral or permanently affixed temperature measuring device located to allow easy viewing. 4-204.112(A)-(D)	<input type="checkbox"/> RETAIL AREA - NO THERMOMETER FOR RETAIL FOOD STORAGE FREEZER NEXT TO BEER CAVE. BACKROOM AREA - NO THERMOMETER FOR ICE CREAM FREEZER IN STOCKROOM.	
34	Food temperature measuring device with a suitable small diameter probe not provided and readily accessible for assessing food temperatures as specified in the FDA Food Code. 4-302.12 Pf	<input type="checkbox"/> NO SUITABLE THIN PROBE STYLE THERMOMETER FOR TAKING THE INTERNAL TEMPERATURE OF HOT AND COLD TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS. INSPECTOR DISCUSSED REQUIREMENT WITH MANAGEMENT.	Pf
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 checked="" type="checkbox"/> SERVICE COUNTER - WICKER BASKET USED FOR STORAGE OF CLEANED CAN OPENER. COS - CAN OPENER WAS ADEQUATELY RELOCATED.	



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**Violation  
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**COS Observation**

45	Installed fixed equipment not easily moveable not spaced or not sealed or counter mounted equipment that is not easily moveable not installed elevated or not sealed. 4-402.11	<input type="checkbox"/> WAREWASHING AREA - WAREWASHING SINK AND HANDWASHING SINK ARE NOT SEALED TO THE WALL. BACKROOM AREA - HANDWASHING SINK IN MEN'S RESTROOM IS NOT SEALED TO THE WALL.
45	Nonfood-contact surfaces of equipment exposed to splash, spillage, or other food soiling or that require frequent cleaning not constructed of a corrosion-resistant, nonabsorbent, and smooth material. 4-101.19	<input type="checkbox"/> WAREWASHING AREA - SPLASH GUARD BETWEEN WAREWASHING SINK AND MOP SINK IS CONSTRUCTED OF RAW WOOD. MOP SINK MOUNTED TO RAW WOOD BOARD. WALL BEHIND HANDWASHING SINK AND DRAIN BOARD OF WAREWASHING SINK IS CONSTRUCTED OF RAW DRYWALL BOARD.
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"/> ICE BAGGING AREA - MINERAL-LIKE BUILDUP ON OUTSIDE SURFACES OF BOTH ICE MAKERS.
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"/> BACKROOM AREA - NO BACKFLOW PREVENTION DEVICE ON THREADED MOP SINK FAUCET.
51	Plumbing fixtures including but not limited to handwashing sinks, toilets and urinals not cleaned as often as necessary to keep them clean. 6-501.18	<input type="checkbox"/> BACKROOM AREA - BLACK DISCOLORATION AROUND HANDWASHING SINK FAUCET IN MEN'S RESTROOM.
51	Toilet room used by females not provided with a covered receptacle for sanitary napkins. 5-501.17	<input type="checkbox"/> BACKROOM AREA - NO COVERED LID WASTE RECEPTACLE INSIDE OF WOMEN'S RESTROOM.



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**COS Observation**

53

Physical facilities not maintained in good repair.  
6-501.11

RETAIL AREA - MULTIPLE CEILING TILES HAVE WATER STAINING AND/OR WATER DAMAGE. ICE BAGGING AREA - CEILING TILES ARE DAMAGED OVER ICE MAKER. MULTIPLE FLOOR TILES ARE DAMAGED AROUND ICE MAKERS. BACKROOM AREA - MULTIPLE CEILING TILES ARE WATER STAINED AND/OR WATER DAMAGED. MULTIPLE FLOOR TILES ARE MISSING IN HALLWAY NEAR ENTRANCE TO WALK IN COOLER. MULTIPLE FLOOR TILES ARE MISSING IN WOMEN'S RESTROOM. COVING IS PEELING OFF IN MEN'S RESTROOM. WAREWASHING AREA - CEILING TILES ARE DAMAGED.

54

Sufficient lighting not provided as specified in the FDA Food Code. 6-303.11

WAREWASHING AREA - LIGHTS NOT WORKING OVER WAREWASHING AREA.

54

Lighting not shielded, coated, or otherwise shatter-resistant in areas where there is exposed food, clean equipment, utensils, and linens, or unwrapped single-service and single-use articles. 6-202.11(A)

RETAIL AREA - SHIELD CAPS MISSING FOR FLUORESCENT LIGHTS ON LEFT HAND SIDE OF SANDWICH COOLER DOOR. SERVICE COUNTER - LIGHT SHIELDS AND/OR SHIELD CAPS MISSING ON FLUORESCENT LIGHTS OVER ICE CREAM SERVICE COUNTER AND BOILED PEANUT COUNTER.

A Supplemental Report was also issued during the visit which includes important information for management.



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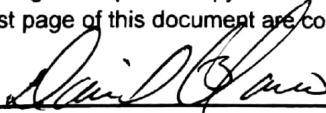
Owner Code: JFO


COMMENTS

Stop Use Order issued. Food establishment can call 850-245-5520 when corrections have been made and/or when required documents have been obtained to request food safety inspector visit for written release of equipment.

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)

DAVID CANO, SANITATION AND SAFETY SPECIALIST  
\_\_\_\_\_

KAT O'DELL CRASHEER  
\_\_\_\_\_  
Print Name and Title



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**FOOD SAFETY INSPECTION SUPPLEMENTAL REPORT**

Florida Statutes, Chapter 500.172, 500.174  
(850) 245-5520



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**STOP USE ORDER**

You are hereby ordered to withhold from movement, sale or use subject to further instructions from an authorized agent of the Florida Department of Agriculture and Consumer Services, the goods or equipment listed below.

Article:	ICE MAKERS			Total Weight:
Brand Name:	HOSHIZAKI			Invoice #:
Lot #: Model	# Of Pkgs: 2	Size Of Pkg:		Invoice Date:
KM-2000SRE3				
Model				
KM-1200SRE				

Manufacturer:  
Distributor:

The primary reason and condition that caused the product or equipment stop sale or stop use and determined dangerous, unwholesome, fraudulent, or insanitary was: FS 500.04; FS 500.172 UNSANITARY EQUIPMENT\* Protection from Contamination: Food-contact surfaces: cleaned and sanitized

Comments: CALL 850-245-5520 TO REQUEST FOOD SAFETY INSPECTOR VISIT FOR WRITTEN RELEASE WHEN CORRECTIONS HAVE BEEN MADE TO REQUEST RELEASE OF EQUIPMENT.

When the department or its duly authorized agent finds, or has probable cause to believe, that any food or food-processing equipment is in violation of this chapter or any rule adopted under this chapter so as to be dangerous, unwholesome, fraudulent, or insanitary within the meaning of this chapter, an agent of the department may issue and enforce a stop-sale, stop-use, removal, or hold order, which order gives notice that such article or processing equipment is, or is suspected of being, in violation and has been detained or embargoed and which order warns all persons not to remove, use, or dispose of such article or processing equipment by sale or otherwise until permission for removal, use, or disposal is given by the department or the court. It is unlawful for any person to remove, use, or dispose of such detained or embargoed article or processing equipment by sale or otherwise without such permission in accordance with 500.172 (1) Florida Statutes.

**AN ADMINISTRATIVE HEARING IS AVAILABLE FOR ALL ORDERS, NOTICES, AND REPORTS IN THIS SUPPLEMENTAL REPORT**

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain:

1. Your name, address, and telephone number, and facsimile number (if any).
2. The name, address, and telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made.
3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which



case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing).

4. A statement of when (date) you received the Notice and the file number of this Notice.

Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice. If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.

**HEARING WAIVER AND WAIVER OF RIGHTS**

I, KAT O'DELL the person in charge of JIFFY FOOD STORE # 0314 hereby waive a notice and a hearing as provided in Chapter 120, Florida Statutes and waive all rights as provided on the last page of this report.

KAT O'DELL  
(Signature)

**ACKNOWLEDGEMENT**

I acknowledge receipt of a copy of this document.

David Cano  
(Signature of FDACS Representative)

DAVID CANO, SANITATION AND SAFETY SPECIALIST

KAT O'DELL  
(Signature of Representative)

KAT O'DELL  
Print Name and Title  
CASA BEA