

Florida Department of Agriculture and Consumer Services Division of Food Safety

FOOD SAFETY INSPECTION REPORT

Chapter 500, Florida Statutes (850) 245-5520

Visit # 9999-7182-1383-25 Bureau of Food Inspection Attention: Business Center 3125 Conner Boulevard, C-26 Tallahassee, FL 32399-1650

Print Date: February 06, 2020

Food Entity Number: 377426

Food Entity Name: NEIGHBORHOOD FOOD STORE

Date of Visit: February 06, 2020

Food Entity Address: 825 E Washington ST Monticello, FL32344-2550 Food Entity Mailing Address: 825 E Washington ST Monticello, FL 32344-2550

Food Entity Type/Description: 123/ Convenience Store Limited FS

Food Entity Owner: NEIGHBORHOOD FOOD STORE PAYUSH INC Owner Code:

INSPECTION SUMMARY - Met Inspection Requirements

On February 06, 2020, NEIGHBORHOOD FOOD 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>Compliance</u>	
<u>Number</u>	<u>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	N/A	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

Violation	Compliance	
<u>Number</u>	<u>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/O	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
21	N/A	Conformance with Approved Procedures

GOOD RETAIL PRACTICES

<u>Violation</u>	<u>Compliance</u>	
Number	<u>Status</u>	<u>Violation Description</u>
51	OUT	Physical Facilities: Toilet facilities: properly constructed, supplied, cleaned -
52	OUT	Physical Facilities: Garbage/refuse properly disposed; facilities maintained
99	OUT	Food Permit

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

<u>Violation</u> <u>Number</u> <u>Citation Description</u>

COS Observation



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INSPECTION: GRP

<u>Violation</u> <u>Number</u>	Citation Description	cos	Observation
51	Toilet room used by females not provided with a covered receptacle for sanitary napkins. 5-501.17		BACKROOM. UNISEX RESTROOM NOT EQUIPPED WITH A COVERED WASTE BASKET.
52	Receptacles and waste handling units for refuse, recyclables, and returnables not kept covered with tight fitting lids or doors when located outdoors; or indoor receptacles that contain food not kept covered when not in continuous use or full. 5-501.113		OUTSIDE. WASTE DUMPSTER KEPT OPEN WHEN NOT IN USE.
52	Outdoor enclosure for refuse, recyclables, and returnables not constructed of durable and cleanable materials. 5-501.12		OUTSIDE. WASTE DUMPSTER NOT KEPT INSIDE ENCLOSURE.
99	The food establishment is operating without a valid food permit. 500.12(1)(a)F.S.		FOOD ENTITY MANAGEMENT HAS NOT COME UP TO DATE WITH AN ACTIVE FOOD PERMIT.CONTACTED MR. MCBROOM DURING VISIT AND HAD OWNER SPEAK WITH OFFICE.

COMMENTS

Payments can be made online at http://www.freshfromflorida.com/Pay-Register-Online/ or can be mailed to Florida Department of Agriculture and Consumer Services, P.O. Box 6720, Tallahassee FL 32314-6720. Checks and money orders are to be payable to Florida Department of Agriculture and Consumer Services. All payments must include the Food Entity number and reason of payment type in the memo section of the check or money order.

VERIFY WITH MANAGEMENT FOOD ENTITY IS NOT SELLING NOR DOES PLAN TO SELL CBD / HEMP PRODUCTS.



NICOLE "NIKKI" FRIED COMMISSIONER

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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.

A 706	R.M. Charlas	
(Signature of FDACS Representative)	(Signature of Representative)	
LEONEL GARCIA, SANITATION AND SAFETY SPECIALIST	MR. ROCKY CHAUBSHRI, MANAGER	
	Print Name and Title	