



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety



Visit # 9999-7182-1391-60
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: 387813
 Food Entity Name: RAJ FOOD STORE
 Date of Visit: February 25, 2020
 Food Entity Address: 700 E Washington ST Monticello, FL32344-2549
 Food Entity Mailing Address: 700 E Washington ST Monticello, FL 32344-2549
 Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice
 Food Entity Owner: POOMA INC. Owner Code:

INSPECTION SUMMARY - Met Inspection Requirements

On February 25, 2020, RAJ 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 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	OUT	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

<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/O	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>
53	OUT	Physical Facilities: Physical facilities installed, maintained, and clean
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: RISK BASED

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

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
8	Handwashing sink or group of adjacent handwashing sinks not provided with either individual, disposable towels, continuous towel system, high velocity pressurized air at ambient temperature, or heated-air hand drying device. 6-301.12 Pf	<input type="checkbox"/>	BACKROOM. EMPLOYEE RESTROOM NOT EQUIPPED WITH PAPER TOWELS OR DRYING DEVICE.	Pf
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"/>	BACKROOM. EMPLOYEE RESTROOM NOT EQUIPPED WITH HANDSOAP.	Pf

INSPECTION: GRP

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
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 DUST AND SOIL ON SURFACE OF WALK IN COOLER REFRIGERATION FANS.	
99	The food establishment is operating without a valid food permit. 500.12(1)(a)F.S.	<input type="checkbox"/>	MANAGEMENT HAS ENSURE PAYING FOR THEIR ANNUAL FOOD PERMIT AND ADMINISTRATIVE FINES. CONTACTED SETH MCBROOM DURING VISIT, CHECK PLACE IN MAIL DURING VISIT.	

COMMENTS

Food entity does not conduct any form of cbd / hemp activities.

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.

This food establishment was found to be in operation prior to obtaining a food permit which includes submitting a completed



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Annual Food Permit Application, receiving a satisfactory report of inspection, and submitting the applicable fee in accordance with Section 5K-4.020(2), Florida Administrative Code.
Expire food permit.

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. NEETA CHAUDHARI, MANAGER

Print Name and Title

