



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 9999-7182-1388-27  
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 19, 2020

Food Entity Number: 384539  
Food Entity Name: SUPER PUFFT SNACKS USA INC  
Date of Visit: February 17, 2020  
Food Entity Address: 700 W Lance DR Perry, FL32348-4758  
Food Entity Mailing Address: 700 W Lance DR Perry, FL 32348-4758  
Food Entity Type/Description: 423/ Snack Foods (Chips, Nuts)  
Food Entity Owner: SUPER PUFFT SNACKS USA INC

Owner Code:

**INSPECTION SUMMARY - Met Inspection Requirements**

On February 17, 2020, SUPER PUFFT SNACKS USA INC was inspected by KIMBERLY JUILIANO, 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

**GOOD MANUFACTURING PRACTICES**

<u>Violation Number</u>	<u>Compliance Status</u>	<u>Violation Description</u>
117.135(c)(3)	OUT	Sanitation Controls Procedures - Adequate
117.145(b)	OUT	Allergen Controls - Monitoring Frequency

**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: PREVENTIVE CONTROL**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
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**INSPECTION: PREVENTIVE CONTROL**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
117.135(c)(3)	Sanitation controls do not include procedures, practices, and processes to ensure that the facility is maintained in a sanitary condition adequate to significantly minimize or prevent hazards such as environmental pathogens, biological hazards due to employee handling, and food allergen hazards. 21 CFR 117.135(c)(3)	<input type="checkbox"/>	SPECIFICALLY, OBSERVED EMPLOYEE WITH SINGLE USE GLOVES ON TOUCH EYEGLASSES AND EAR PLUGS THEN CONTINUE HAND PICKING DEFECTIVE CHIPS ON READY TO EAT FINISHED CHIP CONVEYOR LINE. ADDITIONALLY, OBSERVED EMPLOYEE EATING KETTLE POTATO CHIP FROM SCALE AREA WITH SINGLE USE GLOVES ON, EMPLOYEE WASHED HANDS IN THREE COMPARTMENT SINK, (HANDWASH SINK LOCATED DIRECTLY NEXT TO THREE COMPARTMENT SINK), AND WEARING GLASSES PROPPED UP ON HEAD WHILE LOADING SEASONING INTO HOPPER FOR DOSING. OBSERVED SCALE, PLASTIC CLEAR BAGS AND PARTIAL BAGS OF PRODUCTS IN SEASONING STORAGE ROOM. MANAGEMENT EXPLAINED THAT PARTIAL BAGS OF PRODUCT ARE PUT INTO CLEAR BAGS AND WEIGHED IN STORAGE ROOM. HANDWASH SINK NOT PROVIDED IN SEASONING STORAGE ROOM.



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**INSPECTION: PREVENTIVE CONTROL**

**Violation  
Number**

**Citation Description**

**COS Observation**

117.145(b)

Allergen controls not monitored with adequate frequency to provide assurances that they are consistently met. 21 CFR 117.145(b)

☐ SPECIFICALLY, OBSERVED EMPLOYEE USING GREEN SHOVEL TO SCOOP INEDIBLE POTATO PIECES FROM FLOOR WHEN YOUR ALLERGEN PROGRAM STATES BLACK SHOVELS ARE USED FOR INEDIBLE PRODUCTS, ADDITIONALLY, WHITE SCOOPS USED TO FILL SEASONING DOSER WITH DILL PICKLE SEASONING WHICH CONTAINS MILK A KNOWN ALLERGEN AS AN INGREDIENT. YOUR ALLERGEN PLAN STATES WHITE SCOOPS ARE USED FOR NON ALLERGENS.

**COMMENTS**

Reviewed HACCP plan for "Snack Based products (Continuous & Kettle Chips, Fabricated Chips, Extruded products (baked and fried)

**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)

KIMBERLY JUILIANO, ENVIRONMENTAL SPECIALIST II

VERNON KEMP, QUALITY MANAGER

Print Name and Title

