

FOOD SAFETY INSPECTION REPORT

Chapter 500, Florida Statutes (850) 245-5520

Visit # 9999-7182-1397-02 Bureau of Food Inspection Attention: Business Center 3125 Conner Boulevard, C-26 Tallahassee, FL 32399-1650

Owner Code:

Print Date: March 10, 2020

Food Entity Number: 341395

Food Entity Name: STOP & SHOP
Date of Visit: March 10, 2020

Food Entity Address: 1610 S Byron Butler Pkwy Perry, FL32348-5433 Food Entity Mailing Address: 1610 S Byron Butler Pkwy Perry, FL 32348-5433

Food Entity Type/Description: 122/ Convenience Store/Prepackaged/No Food Service

Food Entity Owner: BANGLADESH CORPORATION

INSPECTION SUMMARY - Met Inspection Requirements; Check Back Needed

On March 10, 2020, STOP & SHOP was inspected by LEONEL GARCIA, a representative of the Florida Department of Agriculture and Consumer Services. Violations observed during the inspection must be corrected to be in compliance with Chapter 500, Florida Statutes, and Rule 5K-4, Florida Administrative Code. A Department inspector will check-back to ensure 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

Violation	Compliance	
<u>Number</u>	<u>Status</u>	<u>Violation Description</u>
1	OUT	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	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	OUT	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	IN	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

Violation	Compliance	
Number	<u>Status</u>	Violation Description
34	OUT	Food Temperature Control: Thermometers provided and accurate used
41	OUT	Proper Use of Utensils: In-use utensils: properly stored -
49	OUT	Physical Facilities: Plumbing installed; proper backflow devices
51	OUT	Physical Facilities: Toilet facilities: properly constructed, supplied, cleaned -
52	OUT	Physical Facilities: Garbage/refuse properly disposed; facilities maintained
53	OUT	Physical Facilities: Physical facilities installed, maintained, and clean
94	OUT	Food Establishment Type
99	OUT	Food Permit



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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: HEMP RETAIL

Violation Number

77

Citation Description

Hemp extract distributed and sold in the state does not have a certificate of analysis prepared by an independent testing laboratory that states: 1. The hemp extract is the product of a batch tested by the independent testing laboratory; 2. The batch contained a total delta-9-tetrahydrocannabinol concentration that did not exceed 0.3 percent on a dry-weight basis pursuant to the testing of a random sample of the batch; 3. The batch does not contain contaminants unsafe for human consumption. s.581.217(7), F.S.

COS Observation

RETAIL. UNABLE TO FIND MATCHING INFORMATION OF THIS PRODUCT.CHECKBACK WILL BE CONDUCTED ON OR ABOUT 30DAYS FROM TODAY TO VERIFY COMPLIANCE.

INSPECTION: RISK BASED

Violation Number

Citation Description

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: www.nrfsp.com; Prometric (800) 624-2736 Website:prometric.com; National Restaurant Association Education Foundation, SERVESAFE

Program (800) 765-2122, Website:

www.servesafe.com; 360 TRAINING (888) 360-8764,

Website: www.360training.com or

AboveTraining/StateFoodSafety.com, (801)

494-1416. 2-102.11(B)Pf

COS Observation

FOOD ENTITY MANAGEMENT
HAS NOT ENSURE HAVING AN
ACTIVE CERTIFIED FOOD

MANAGER EMPLOYEE ON STAFF.

Pf



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INSPECTION: RISK BASED

<u>Violation</u> Number	Citation Description	cos	<u>Observation</u>	
2	No employee health policy to report information about employee or conditional employee health and activities as they relate to symptoms or diagnosis of diseases that are transmissible through food. 2-201.11(A) P		FOOD ENTITY MANAGEMENT HAS NOT ENSURE HAVING AN ACTIVE EMPLOYEE HEALTH POLICY TO DEAL WITH SICK EMPLOYEES. LEFT COPIES OF DEPT. HAND OUT.	Р
8	Handwashing sink not accessible at all times for employee use, is used for other purposes or automatic facility not used in accordance with manufacturer's instructions. 5-205.11 Pf		BACKROOM. ACCESS TO HANDSINK BY WAREWASHSINK AND FOOD SERVICE COUNTER NOT EASILY ACCESSIBLE AT ALL TIMES. CHECKBACK WILL BE CONDUCTED ON OR ABOUT 30DAYS FROM TODAY TO VERIFY COMPLIANCE.	Pf
8	Handwashing sink not located to allow convenient use by employees in food preparation, food dispensing and warewashing areas or not located in or immediately adjacent to toilet rooms. 5-204.11 Pf		FOOD SERVICE AREA. NOT EQUIPPED WITH A CONVENIENTLY LOCATED HANDSINK FOR USE AS NEEDED. CHECKBACK WILL BE CONDUCTED ON OR ABOUT 30DAYS FROM TODAY.	Pf
14	Equipment or utensils not clean to sight and touch. 4-601.11(A) Pf		FOOD SERVICE AREA. ACCUMULATION OF OLD DRY FOOD RESIDUE ON SURFACES OF SODA FOUNTAINS. CLEANED AND SANITIZED DURING VISIT.ACCUMULATION OF OLD DRY FOOD RESIDUE AND FOOD SPILLS ON SURFACES OF CABINETS UNDER FOOD SERVICE COUNTER.SURFACE OF MICROWAVE DIRTY WITH OLD DRY FOOD PARTICLES.	Pf

INSPECTION: GRP



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<u>olation</u> umber	Citation Description	cos	Observation	
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		FOOD SERVICE AREA. ACCURATE PROBE THERMOMETER NOT PROVIDED FOR MONITORING THE TEMPERATURE OF BOILED PEANUTS.	Pf
41	In-use utensils not stored in food in the food with handles extending out of the food, clean, dry and protected from contamination, in continuously running water or water of at least 135° F. 3-304.12	X	FOOD SERVICE AREA. TONGS USED FOR DISPENSING PICKLED PRODUCTS STORED IN CONTAINER WITH SANITIZE WATER. COS. ITEM REMOVED TONG WASHED AND SANITIZED AND PLACED BACK IN DRY STORAGE DURING VISIT.	
49	Plumbing system not maintained in good repair. 5-205.15(B)		FOOD SERVICE COUNTER. ACCUMULATION OF STANDING WATER OVER FOOD SERVICE COUNTER COMING LEAK ON SODA FOUNTAIN.	
49	Plumbing system not designed, constructed, and installed according to LAW. 5-202.11(A) P		BACKROOM. WAREWASHSINK NOT INSTALLED AND OPERABLE AS DESIGNED BY LAW. CHECKBACK WILL BE CONDUCTED ON OR ABOUT 30DAYS FROM TODAY TO VERIFY COMPLIANCE.	Р
51	Toilet room not enclosed where required or not provided with tight-fitting self-closing door except as specified in the food code. 6-202.14		BACKROOM. UNISEX RESTROOM DOOR NOT EQUIPPED WITH A SELF CLOSING MECHANISM.	
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.	



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Violation			
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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.
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.
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		BACKROOM. ACCUMULATION OF LITTER DEBRIS AND SOIL FOUND ON FLOOR AREA OF STORAGEROOM AND WALK IN COOLER.
53	Physical facilities not maintained in good repair. 6-501.11		STORE. MULTIPLE DAMAGED CEILING TILES.
94	Food Establishment manufactures, processes, packs, holds, prepares or sells food products intended for human consumption that contains hemp extract, which includes CBD and/or other cannabinoids permitted with an incorrect Food Establishment type pursuant to 5K-4.034, F.A.C. Food Establishment shall remit payment of appropriate fee within 10 days. 5K-4.034(3), F.A.C.		RETAIL. FOOD ENTITY TYPE IS INCORRECT.FOOD ENTITY IS PRESENTLY HOLDING AND RETAILING CBD / HEMP PRODUCTS.
94	Food Establishment manufactures, processes, packs, holds, prepares or sells food products intended for human consumption permitted with an incorrect Food Establishment type pursuant to 5K-4.020, F.A.C. Food Establishment shall remit payment of appropriate fee within 10 days. 5K-4.020(4)(b), F.A.C.		RETAIL. PRESENT FOOD ENTITY TYPE IS INCORRECT. FOOD ENTITY IS CONDUCTING LIMITED FOOD SERVICE PICKLED PRODUCTS COFFEE AND FOUNTAIN DRINKS.
99	The food establishment permit is not conspicuously displayed. 5K-4.020(2) F.A.C.		RETAIL. VALID FOOD PERMIT NOT POSTED AND NOT FOUND DURING INSPECTION.



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COMMENTS

Food Establishment manufactures, processes, packs, holds, prepares or sells food products intended for human consumption that contain hemp, hemp extract, CBD or other cannabinoids. FE permit type changed to Hemp Food Establishment during this visit.

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.

CHECKBACK WILL BE CONDUCTED ON OR ABOUT 30DAYS TO VERIFY COMPLIANCE.

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)	
EONEL GARCIA, SANITATION AND SAFETY SPECIALIST	MR. RASEL RABANI, MANAGER	
	Print Name and Title	