



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 9999-7182-1424-49  
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: May 14, 2020

Food Entity Number: 320679  
 Food Entity Name: LOVE'S TRAVEL STOP # 0379  
 Date of Visit: May 14, 2020  
 Food Entity Address: 3204 SE County Road 255 Lee, FL32059-5250  
 Food Entity Mailing Address: PO Box 26210 Oklahoma City, OK 73126-0210  
 Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice  
 Food Entity Owner: LOVE'S TRAVEL STOPS & COUNTRY STORES INC (LOV) Owner Code: LOV

**INSPECTION SUMMARY - Met Inspection Requirements; Check Back Needed**

On May 14, 2020, LOVE'S TRAVEL STOP # 0379 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**

<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 alternative method properly followed
8	IN	PREVENTING CONTAMINATION BY HANDS: Handwashing sinks properly supplied and accessible
9	IN	APPROVED SOURCE: Food obtained from approved source
10	IN	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	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	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper cooking time and temperatures
17	IN	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper reheating procedures for hot holding
18	IN	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper cooling time and temperatures
19	IN	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper hot holding temperatures
20	IN	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper cold holding temperatures
21	IN	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper date marking and disposition
22	IN	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Time as a public health control: procedures and records
23	N/A	CONSUMER ADVISORY: Consumer advisory provided for raw or undercooked foods
24	IN	EMPLOYEE HEALTH: Procedures for responding to vomiting and diarrheal events
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: Conformance with approved procedures
95	IN	SUPERVISION: Certified food protection manager

**GOOD RETAIL PRACTICES**

<u>Violation Number</u>	<u>Compliance Status</u>	<u>Violation Description</u>
31	OUT	FOOD TEMPERATURE CONTROL: Proper cooling methods used; equipment for temperature control
42	OUT	PROPER USE OF UTENSILS: Utensils, equipment and linens: properly stored, dried, and handled
43	OUT	PROPER USE OF UTENSILS: Single-use/single-service articles: properly stored and used

**VENDED WATER / VENDED ICE**

<u>Violation Number</u>	<u>Compliance Status</u>	<u>Violation Description</u>
213	OUT	Required Records Available/Provided



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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: GRP**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
31	Cooling of time/temperature control for safety food not accomplished by effective methods based on the type of food being cooled. 3-501.15(A) Pf	<input checked="" type="checkbox"/>	RETAIL. INSTORE CUT AND PACKAGED FRUIT CUT STORED IN ICE BIN AVAILABLE FOR CUSTOMER SELF SERVICE NOT SURROUNDED BY SUFFICIENT ICE TO MAINTAINED PRODUCT COLD. COS. PRODUCT REMOVED FROM THIS FORM OF SALE DURING VISIT.	Pf
42	Cleaned and sanitized utensils handled, displayed or dispensed without protection from contamination of food- and lip-contact surfaces; or knives, forks or spoons that are not prewrapped are not presented so that only the handles are touched by employees or consumers. 4-904.11(A)-(B)	<input type="checkbox"/>	ARBYS. CLEANED UTENSILS HUNG FROM SIDE OF WIRED SHELF NEXT TO HANDSINK NOT PROTECTED FROM EXPOSURE TO CONTAMINATION. COS. UNITS RELOCATED TO A SUITABLE STORAGE LOCATION.	
43	Bulk milk container dispensing tube not cut on the diagonal or cut leaving more than one inch protruding from the chilled dispensing head. 4-502.13(B)	<input type="checkbox"/>	SELF SERVICE AREA. HOSES OF DAIRY DISPENSERS NOT CUT IN A DIAGONAL ANGLE.	

**INSPECTION: VENDED WATER/VENDED ICE**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
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INSPECTION: VENDED WATER/VENDED ICE

Violation
Number

Citation Description

COS Observation

213

Microbial analysis of finished product by an approved
laboratory not obtained within the required time
period. 5K-4.023(8) F.A.C.

MANAGEMENT HAS NOT ENSURE
FINISHED STORE BAGGED ICE
NOT BEING MICROBIOLOGICAL
TESTED EVERY 3 MONTHS AS
REQUIRED. NO TEST RESULT
AVAILABLE FOR 2020 CALENDAR
YEAR. CHECKBACK WILL BE
CONDUCTED ON OR ABOUT
30DAYS FROM TODAY TO VERY
COMPLIANCE.

COMMENTS

Consultation visit with food establishment management.

CHECKBACK WILL BE CONDUCTED ON OR ABOUT 30DAYS FROM TODAY TO VERY COMPLIANCE OF MICRO TEST.

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.

[Handwritten signature]

(Signature of FDACS Representative)

(Signature of Representative)

LEONEL GARCIA, SANITATION AND SAFETY SPECIALIST

MR. KENNY BAKER, MANAGER

Print Name and Title

