



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety



Visit # 3442-0020-81
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: July 22, 2020

Food Entity Number: 106101
Food Entity Name: SEA HAG MARINA
Date of Visit: July 22, 2020
Food Entity Address: 322 S Riverside DR Steinhatchee, FL32359-3435
Food Entity Mailing Address: 322 S Riverside DR Steinhatchee, FL 32359-3435
Food Entity Type/Description: 152/ Minor Outlet with Perishables
Food Entity Owner: DANIELLE NORWOOD (DBA SEA HAG MARINA)

Owner Code:

INSPECTION SUMMARY - Met Inspection Requirements; Check Back Needed

On July 22, 2020, SEA HAG MARINA was inspected by DAVID CANO, 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	N/A	EMPLOYEE HEALTH: Management, food employee and conditional employee; knowledge, responsibilities and reporting
3	N/A	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	N/A	PREVENTING CONTAMINATION BY HANDS: No bare hand contact with ready-to-eat foods or approved alternative method properly followed
8	OUT	PREVENTING CONTAMINATION BY HANDS: 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	IN	PROTECTION FROM CONTAMINATION: Food separated and protected



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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<u>Violation Number</u>	<u>Compliance Status</u>	<u>Violation Description</u>
14	N/A	PROTECTION FROM CONTAMINATION: Food-contact surfaces: cleaned and sanitized
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	N/A	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper reheating procedures for hot holding
18	N/A	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper cooling time and temperatures
19	N/A	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper hot holding temperatures
20	IN	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper cold holding temperatures
21	N/A	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper date marking and disposition
22	N/A	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	N/A	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>
34	OUT	FOOD TEMPERATURE CONTROL: Thermometers provided and accurate
36	OUT	PREVENTION OF FOOD CONTAMINATION: Insects, rodents, and animals not present
51	OUT	PHYSICAL FACILITIES: Toilet facilities: properly constructed, supplied, and cleaned

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



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INSPECTION: RISK BASED

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
8	Sink used for food preparation or utensil washing, or a service sink or curbed cleaning facility used for the disposal of mop water or similar wastes provided with handwashing aids or devices required for a handwashing sink. 6-301.13	<input checked="" type="checkbox"/>	OUTSIDE AREA - HANDWASHING SIGN POSTED AT MOP SINK. COS - HANDWASHING SIGN WAS TAKEN DOWN.

INSPECTION: GRP

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
34	Food temperature measuring device not provided or not readily accessible for use in ensuring food temperatures are attained and maintained; or food temperature measuring device with a suitable small-diameter probe not provided or not readily accessible to accurately measure the temperature in thin foods. 4-302.12 Pf	<input type="checkbox"/>	NO SUITABLE THIN PROBE STYLE THERMOMETER FOR TAKING THE INTERNAL TEMPERATURE OF TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS.	Pf
36	Live animal allowed on the premises and exception conditions specified in the Food Code not met. 6-501.115 Pf	<input type="checkbox"/>	RETAIL - CAT AND DOG INSIDE OF THE STORE.	Pf
51	Toilet room located inside the food establishment not completely enclosed or not provided with a tight-fitting self-closing door. 6-202.14	<input type="checkbox"/>	OUTSIDE AREA - MEN'S AND WOMEN'S RESTROOM DOORS WERE NOT SELF-CLOSING.	

COMMENTS

Summarized Consultation visit with food establishment management.



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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.

(Signature of FDACS Representative)

DAVID CANO, SANITATION AND SAFETY SPECIALIST

NA

(Signature of Representative)

DANIELLE NORWOOD, OWNER

Print Name and Title

