



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety



Visit # 9999-7182-1469-46
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: August 17, 2020

Food Entity Number: 382938
Food Entity Name: C & E MARKET
Date of Visit: August 17, 2020
Food Entity Address: 821 SW M L King JR DR Madison, FL32340-1105
Food Entity Mailing Address: PO Box 1139 Madison, FL 32340-5139
Food Entity Type/Description: 112/ Grocery Store < 15,000 sq ft
Food Entity Owner: DAVIS MARKETING GROUP LLC

Owner Code:

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

On August 17, 2020, C & E MARKET 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	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 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

Table with 3 columns: Violation Number, Compliance Status, and Violation Description. Lists various food safety violations such as contamination, temperature control, and employee health.

GOOD RETAIL PRACTICES

Table with 3 columns: Violation Number, Compliance Status, and Violation Description. Lists good retail practices like toilet facilities.

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>	
2	Person in charge does not ensure food employees and conditional employees are informed in a verifiable manner of their responsibility to report to the person in charge information about their health and activities as they relate to diseases that are transmissible through food. 2-103.11(O)	<input type="checkbox"/>	STORE. MANAGEMENT HAS NOT ENSURE FOOD EMPLOYEE ARE INFORMED IN A VERIFIABLE MANNER OF THEIR RESPONSIBILITY TO REPORT TO THE PERSON IN CHARGE INFORMATION ABOUT THEIR HEALTH AND ACTIVITIES AS THEY RELATE TTO DISEASES THAT ARE TRANSMISSIBLE THROUGH FOOD.	
8	Handwashing sink not located to allow convenient use by employees in food preparation, food dispensing or warewashing areas; or not located in, or immediately adjacent to, toilet rooms. 5-204.11 Pf	<input type="checkbox"/>	FOOD SERVICE AREA. HANDSINK NOT CONVENIENTLY LOCATED FOR EMPLOYEES TO USE AS NEEDED. CHECKBACK WILL BE CONDUCTED ON OR ABOUT 30DAYS FROM TODAY TO VERIFY COMPLIANCE.	Pf
8	Handwashing sink or group of 2 adjacent handwashing sinks not provided with hand cleaning liquid, powder, or bar soap. Handwashing sink or group of adjacent handwashing sinks not provided with: individual, disposable towels; continuous towel system that supplies the user with a clean towel; a heated-air hand drying device; or a device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures. 6-301.11 and 6-301.12 Pf	<input checked="" type="checkbox"/>	STORE. HANDSOAP AND PAPER TOWELS NOT PROVIDED AT HANDSINKS. COS. UNITS STOCKED DURING VISIT.	Pf
8	Handwashing sink not maintained so that it is accessible at all times for employee use or is used for purposes other than handwashing, or an automatic handwashing facility not used in accordance with manufacturer's instructions. 5-205.11 Pf	<input type="checkbox"/>	PROCESSING ROOM. ACCESS TO HANDSINK BY WAREWASH SINK NOT PROVIDED TO MANY ITEMS STORED IN FRONT OF AND INSIDE OF UNIT.	Pf

INSPECTION: GRP



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INSPECTION: GRP

**Violation
Number**

Citation Description

COS Observation

51

Toilet room located inside the food establishment not completely enclosed or not provided with a tight-fitting self-closing door. 6-202.14

RETAIL. RESTROOM DOOR NOT EQUIPPED WITH A SELF CLOSING MECHANISM.

COMMENTS

Due to COVID-19, today's summarized inspection was conducted using risk-based methodology focusing on food safety parameters that are directly associated with sanitation and public health

Consultation visit with food establishment management.

CHECKBACK WILL BE CONDUCTED ON OR ABOUT 30DAYS FROM TODAY 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)

LEONEL GARCIA, SANITATION AND SAFETY SPECIALIST

MS. MARKAVIA MOORE, CASHIER

Print Name and Title

