



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 3810-0016-20  
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 20, 2020

Food Entity Number: 316571  
Food Entity Name: JEFFERSON FARMER'S MARKET  
Date of Visit: August 20, 2020  
Food Entity Address: 690 E Washington ST Monticello, FL32344-2547  
Food Entity Mailing Address: 690 E Washington ST Monticello, FL 32344-2547  
Food Entity Type/Description: 152/ Minor Outlet with Perishables  
Food Entity Owner: EDWARD A STRICKLAND DBA JEFFERSON FARMER'S Owner Code:

**INSPECTION SUMMARY - Met Inspection Requirements - Abridged Inspection**

On August 20, 2020, JEFFERSON FARMER'S MARKET was inspected by YOLANDA SYLVE, 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

**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	IN	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
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	N/O	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper reheating procedures for hot holding
18	N/O	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	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	OUT	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
35	OUT	FOOD IDENTIFICATION: Food properly labeled; original container
49	OUT	PHYSICAL FACILITIES: Plumbing installed; proper backflow devices

**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 correctly respond to questions that relate to preventing transmission of foodborne disease by a food employee who has a disease or medical condition that may cause foodborne disease, can not describe symptoms associated with diseases that are transmissible through food, or can not explain how to comply with reporting responsibilities and exclusion or restriction of food employees. 2-102.11(C)(2)-(3) and (17) Pf	<input type="checkbox"/>	RETAIL: PERSON IN CHARGE DOES NOT CORRECTLY RESPOND TO QUESTIONS THAT RELATE TO PREVENTING TRANSMISSION OF FOODBORNE DISEASES. SEE COMMENTS.	Pf
24	Establishment does not have written procedures for employees to follow when responding to an event that involves the discharge of vomitus or diarrhea onto surfaces at the food establishment, or procedures do not address specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. 2-501.11 Pf	<input type="checkbox"/>	RETAIL: ESTABLISHMENT DOES NOT HAVE WRITTEN PROCEDURES FOR EMPLOYEES TO FOLLOW WHEN RESPONDING TO AN EVENT THAT INVOLVES THE DISCHARGE OF VOMITUS OR DIARRHEA ONTO SURFACES AT THE FOOD ESTABLISHMENT. SEE COMMENTS.	Pf

**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"/>	RETAIL: NO THERMOMETER AVAILABLE FOR CHECKING PERISHABLE FOODS TEMPERATURE.	Pf



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**INSPECTION: GRP**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
35	Food packaged on site not labeled with: the common name of the food or an adequate descriptive identity statement; if made from two or more ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight; an accurate declaration of the net quantity of contents; the name and place of business of the manufacturer, packer, or distributor; or nutritional labeling as specified in 21 CFR 101 and 9 CFR 317 Subpart B. 3-602.11(B)(1)-(4) and (6)	<input checked="" type="checkbox"/>	RETAIL: YELLOW HARD CHEESE PACKAGED ON SITE NOT LABELED WITH: THE COMMON NAME OF THE FOOD OR AN ADEQUATE DESCRIPTIVE IDENTITY STATEMENT; IF MADE FROM TWO OR MORE INGREDIENTS, A LIST OF INGREDIENTS AND SUB-INGREDIENTS IN DESCENDING ORDER OF PREDOMINANCE BY WEIGH; THE NAME AND PLACE OF BUSINESS OF THE PACKER, OR DISTRIBUTOR. COS LABELS WERE AFFIXED TO CHEESE PACKAGES.	
49	Plumbing system not installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use, including on a hose bibb, by providing an air gap or installation of an approved backflow prevention device. 5-203.14 Pf	<input type="checkbox"/>	OUTSIDE: NO BACK FLOW DEVICE PROVIDED AT SIDE SPIGOT HAS HOSE CONNECTED.	Pf

**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

Employee Health Guidelines and reporting agreement, Norovirus Clean-up, Reduce Illness handouts provided.



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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)

YOLANDA SYLVE, SENIOR SANITATION AND SAFETY SPECIALIST

(Signature of Representative)

EDWARD STRICKLAND, OWNER

Print Name and Title

