



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 9999-7182-1465-47  
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 10, 2020

Food Entity Number: 307019  
 Food Entity Name: PURE DISCOUNT STORE  
 Date of Visit: August 10, 2020  
 Food Entity Address: 296 E Base ST Madison, FL32340-2404  
 Food Entity Mailing Address: 296 E Base ST Madison, FL 32340-2404  
 Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice  
 Food Entity Owner: RAMJI INC DBA PURE DISCOUNT STORE  
 Owner Code:

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

On August 10, 2020, PURE DISCOUNT STORE was inspected by LEONEL GARCIA, 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	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	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	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>
94	OUT	Food Establishment Type

**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 Observation</u>
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**INSPECTION: GRP**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
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.	<input type="checkbox"/>	FOOD ENTITY IS IN THE BUSINESS OF RETAILING CBD AND HEMP PRODUCTS.FOOD ENTITY MUST FOLLOW THE INSTRUCTIONS IN THE COMMENTS AREA TO MEET PAYMENT COMPLIANCE.

**NOTICE OF OUTSTANDING FEES DUE**

Current Permit Year: 2020 \$175.00  
**BALANCE DUE: \$175.00**  
DUE BY: Upon Receipt

**COMMENTS**

Consultation visit with food establishment management.

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

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.

This food establishment was found to be carrying food products containing hemp extract while not being designated as a Hemp Food Establishment. The Food Establishment shall remit payment of the appropriate fee within 10 days. Contact the Business Center at 850-245-5520 for further assistance.



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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)

\_\_\_\_\_  
(Signature of Representative)

LEONEL GARCIA, SANITATION AND SAFETY SPECIALIST  
\_\_\_\_\_

MR. AMISH PATEL, MANAGER  
\_\_\_\_\_

Print Name and Title

