



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety



Visit # 3829-0001-00
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: September 01, 2020

Food Entity Number:
Food Entity Name: FAST FREDDYS
Date of Visit: September 01, 2020
Food Entity Address: 5220 US Highway 19 S Perry, FL32348-5769
Food Entity Mailing Address: ,
Food Entity Type/Description: 124/ Convenience Store Significant FS AND/OR Packaged Ice
Food Entity Owner: TABINA INC Owner Code:

INSPECTION SUMMARY - Met Inspection Requirements - Abridged Inspection

On September 01, 2020, FAST FREDDYS 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	OUT	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	OUT	PROTECTION FROM CONTAMINATION: Food separated and protected
14	IN	PROTECTION FROM CONTAMINATION: Food-contact surfaces: cleaned and sanitized



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INSPECTION: RISK BASED

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
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"/>	KITCHEN. EASY ACCESS TO HANDSINK OBSTRUCTED WITH A REFRIGERATOR AND A FREEZER LOCATED AROUND UNIT.	Pf
13	Food not protected from cross contamination by storage in packages, covered containers or wrappings. 3-302.11(A)(4)	<input type="checkbox"/>	KITCHEN. VARIOUS FROZEN FOOD ITEMS STORED IN FREEZERS IN OPEN CONTAINERS.	

COMMENTS

Payments can be made online at <http://www.fdacs.gov/Pay-Register-Online/> or can be mailed to Florida Department of Agriculture and Consumer Services, P.O. Box 6720, Tallahassee FL 32314-6720. Checks and money orders are to be payable to Florida Department of Agriculture and Consumer Services. All payments must include the Food Establishment number and reason of payment type in the memo section of the check or money order.

The Food Establishment intends to carry food products containing hemp extract this permit year and has been designated as a Hemp Food Establishment.

Septic System: no change in current food business operations. No visual indication of septic system failure.

Thank you for submitting your food establishment permit application. To complete the application process, you must remit payment in full. To expedite the processing of your food permit application, electronic online payment is available at <http://fims.freshfromflorida.com/>. Follow the instructions on the portal page for payment processing. Payment by check or money order is also accepted, but must be made payable to FDACS and remitted to Florida Department of Agriculture and Consumer Services, PO Box 6720, Tallahassee, FL 32314-6720.

Please note that payment by check or money order may delay the processing of your food permit application.

Permit fees must be paid in full before your application can be processed further. Failure to pay any permit fees in full will result in the denial of your permit and you may be subject to administrative penalties if you are found operating without a valid food permit, which is a violation of Section 500.12(1)(a), Florida Statutes. If you are found to be in violation of this provision, the Department



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may impose up to a \$5,000.00 fine against you and/or seek administrative action to close your business.

All requests for a new food permit submitted January 1 through June 30, shall be assessed a permit fee per F.S. Chapter 500 and Rule 5K-4. All requests for a new food permit submitted July 1 through December 31, shall be assessed permit fees of fifty percent (50%) of the applicable fee per F.S. Chapter 500 and Rule 5K-4.

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.

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. RONNIE BANIK, MANAGER

Print Name and Title

