



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety

FOOD SAFETY INSPECTION REPORT

Chapter 500, Florida Statutes
(850) 245-5520



Visit # 9999-7182-1684-03
Bureau of Food Inspection
Attention: Business Center
3125 Conner Boulevard, C-26
Tallahassee, FL 32399-1650

Print Date: June 22, 2021

Food Entity Number:
Food Entity Name: Trilogy Bakery, llc
Date of Visit: June 22, 2021
Food Entity Address: 226 se lee school ave Lee, FL 32059
Food Entity Mailing Address: 12755 Warrior Creek RD Perry, FL 32348-2805
Food Entity Type/Descriptio: 142/Retail Bakery
Food Entity Owner: Trilogy Bakery, llc

Owner Code:

INSPECTION SUMMARY - Met Inspection Requirements - Abridged Inspection

On June 22, 2021, Trilogy Bakery, llc was inspected by KENNETH DAVIDSON, 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</u>	<u>Compliance</u>	
<u>Number</u>	<u>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	N/O	PREVENTING CONTAMINATION BY HANDS: Hands clean and properly washed
7	N/O	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	N/O	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	N/O	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/O	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	N/A	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper hot holding temperatures
20	N/O	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper cold holding temperatures
21	N/O	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	IN	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	OUT	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
46	OUT	UTENSILS, EQUIPMENT AND VENDING: Warewashing facilities: installed, maintained, and used; test strips
48	OUT	PHYSICAL FACILITIES: Hot and cold water available; under pressure

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

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS Observation</u>
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INSPECTION: RISK BASED

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS 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"/> PERSON IN CHARGE INCORRECTLY RESPONDS TO QUESTIONS RELATED TO EMPLOYEE HEALTH. EMPLOYEE HEALTH GUIDE WAS PROVIDED.	Pf
8	Sign or poster notifying food employees to wash their hands not provided at all handwashing sinks used by food employees, or handwashing signage not clearly visible to food employees. 6-301.14	<input type="checkbox"/> KITCHEN AREA - NO HAND WASHING SIGN POSTED AND HAND WASH SINK. PLEASE SEE COMMENTS.	
95	Establishment does not have a certified food protection manager who has passed a test through a recognized accredited program. 5K-4.021(1), F.A.C.	<input type="checkbox"/> PERSON IN CHARGE UNABLE TO SUPPLY A CERTIFIED FOOD MANAGER CERTIFICATE DURING THE INSPECTION.	

INSPECTION: GRP

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS Observation</u>	
34	Temperature measuring device sensor not located to measure the air temperature or a simulated product temperature in the warmest part of a mechanically refrigerated unit or in the coolest part of a hot food storage unit; cold or hot holding equipment used for time/temperature control for safety food not equipped with at least one integral or permanently affixed temperature measuring device that is located to allow easy viewing of the temperature display; or temperature measuring device not designed to be easily readable. 4-204.112(A), (B) and (D)	<input type="checkbox"/> KITCHEN AREA - NO VISIBLE THERMOMETERS PROVIDED IN ESTABLISHMENT'S REFRIGERATORS. AMBIENT AIR TEMPERATURES WERE 34 - 37 DEGREES F.	
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"/> FOOD ESTABLISHMENT DOES NOT HAVE A PROBE THERMOMETER FOR TAKING COLD HOLDING TEMPERATURES OF PERISHABLE FOODS.	Pf



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INSPECTION: GRP

Violation
Number

Citation Description

COS Observation

Pf

46

Test kit or other device that accurately measures the concentration in MG/L of sanitizing solution not provided. 4-302.14 Pf

☐ FOOD ESTABLISHMENT DOES NOT HAVE ANY CHEMICAL TEST STRIPS FOR CHECKING CHEMICAL CONCENTRATION STRENGTH DURING THE SANITIZATION PROCESS.

48

Water at a suitable temperature for cleaning not provided to a warewashing sink or mop sink. 5K-4.004(3)(a)

☐ KITCHEN AREA - NO HOT WATER AVAILABLE AT THE WARE WASH SINK. STOP USE ORDER ISSUED. SEE SUPPLEMENT.

A Supplemental Report was also issued during the visit which includes important information for management.

NOTICE OF FEES

To review your account balance or to renew your permit, please visit our Food Permit Center at <https://FoodPermit.FDACS.gov>.

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

The Minimum Construction Standards checklist has been used in accordance with 500.12(2)(a) Florida Statutes by the food safety inspector to determine compliance before obtaining a food permit.

Payments can be made online at <https://foodpermit.fdacs.gov> 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.

Stop Use Order issued on facility's ware wash sink due to lack of hot water. Food establishment can visit <https://foodpermit.fdacs.gov> or contact the Business Center at (850) 245-5520 when corrections have been made and/or email the FSIO Inspector at Kenneth.Davidson@FDACS.gov when required documents have been obtained to request food safety inspector visit for written release of equipment.

Reducing Illness, Food Allergy Awareness, Certified Food Protection Manger, Hand Washing Signage and Mobile Requirements were provided to the establishment.

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.



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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)

KENNETH DAVIDSON, ENVIRONMENTAL SPECIALIST I

ES II

REGINA CURFMAN, OWNER

Print Name and Title



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Florida Department of Agriculture and Consumer Services
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FOOD SAFETY INSPECTION SUPPLEMENTAL REPORT

Florida Statutes Chapter 500.172, 500.174
(850) 245-5520

Bureau of Food Inspection
Attention: Business Center
3125 Conner Boulevard, C-26
Tallahassee, FL 32399-1650



Print Date: June 22, 2021

Visit #:99997182168403

Food Entity #:
Food Entity Name: Trilogy Bakery, LLC
Date Of Visit: June 22, 2021
Food Entity Location Address: 226 se lee school ave Lee, FL 32059
Food Entity Mailing Address: 12755 Warrior Creek RD Perry, FL 32348-2805
Food Entity Type/Description: 142/Retail Bakery
Food Entity Owner: Trilogy Bakery, LLC

Owner Code:

SUPPLEMENTAL KEY #:
327621

STOP USE ORDER

You are hereby ordered to withhold from movement, sale or use subject to further instructions from an authorized agent of the Florida Department of Agriculture and Consumer Services, the goods or equipment listed below.

Article:	Ware Wash Sink		
Brand Name:	Dealer		
Lot #:	# Of Pkgs: 1	Size Of Pkg: Bulk	Total Weight: Bulk
			Invoice #:
			Invoice Date:

Manufacturer: Dealer
Distributor:

The primary reason and condition that caused the product or equipment stop sale or stop use and determined dangerous, unwholesome, fraudulent, or insanitary was: FS 500.04; FS 500.172 UNSANITARY EQUIPMENT* PHYSICAL FACILITIES: Hot and cold water available; under pressure

Comments: TO REQUEST FOOD SAFETY INSPECTOR VISIT FOR WRITTEN RELEASE WHEN CORRECTIONS HAVE BEEN MADE FOR REQUEST RELEASE OF EQUIPMENT, VISIT [HTTPS://FOODPERMIT.FDACS.GOV](https://FOODPERMIT.FDACS.GOV) OR CONTACT THE BUSINESS CENTER AT (850) 245-5520.

When the department or its duly authorized agent finds, or has probable cause to believe, that any food or food-processing equipment is in violation of this chapter or any rule adopted under this chapter so as to be dangerous, unwholesome, fraudulent, or insanitary within the meaning of this chapter, an agent of the department may issue and enforce a stop-sale, stop-use, removal, or hold order, which order gives notice that such article or processing equipment is, or is suspected of being, in violation and has been detained or embargoed and which order warns all persons not to remove, use, or dispose of such article or processing equipment by sale or otherwise until permission for removal, use, or disposal is given by the department or the court. It is unlawful for any person to remove, use, or dispose of such detained or embargoed article or processing equipment by sale or otherwise without such permission in accordance with 500.172 (1) Florida Statutes.

**AN ADMINISTRATIVE HEARING IS AVAILABLE FOR ALL ORDERS, NOTICES, AND REPORTS IN THIS
SUPPLEMENTAL REPORT**

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain:

1. Your name, address, and telephone number, and facsimile number (if any).
2. The name, address, and telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made.
3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that

you do not dispute the facts alleged by the department (informal hearing).

4. A statement of when (date) you received the Notice and the file number of this Notice.

Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice. If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.

HEARING WAIVER AND WAIVER OF RIGHTS

I, N/A the person in charge of Trilogy Bakery, llc hereby waive a notice and a hearing as provided in Chapter 120, Florida Statutes and waive all rights as provided on the last page of this report.

N/A
(Signature)

ACKNOWLEDGEMENT

I acknowledge receipt of a copy of this document.

Kenneth Davidson
(Signature of FDACS Representative)

Regina Curfman
(Signature of Representative)

KENNETH DAVIDSON, ENVIRONMENTAL SPECIALIST I

REGINA CURFMAN, OWNER

Print Name and Title

Yolanda Eche
ES II