



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 4092-6010-22  
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: November 12, 2021

Food Entity Number: 300952  
Food Entity Name: STAR FOOD MART  
Date of Visit: November 12, 2021  
Food Entity Address: 1209 N Jefferson ST Perry, FL 32347-1837  
Food Entity Mailing Address: 1209 N Jefferson ST Perry, FL 32347-1837  
Food Entity Type/Description: 123/Convenience Store Limited FS  
Food Entity Owner: T AND G OF ORLANDO INC

Owner Code:

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

On 11/12/2021, STAR FOOD MART 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 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
14	OUT	PROTECTION FROM CONTAMINATION: Food-contact surfaces: cleaned and sanitized



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<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	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
37	OUT	PREVENTION OF FOOD CONTAMINATION: Contamination prevented during food preparation, storage and display
45	OUT	UTENSILS, EQUIPMENT AND VENDING: Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
46	OUT	UTENSILS, EQUIPMENT AND VENDING: Warewashing facilities: installed, maintained, and used; test strips
99	OUT	Chapter 5K-4 FAC: Food Permit

**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: HEMP RETAIL**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS Observation</u>
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**INSPECTION: HEMP RETAIL**

**Violation  
Number**

**Citation Description**

**COS Observation**

74

Retailer selling hemp extract intended for inhalation did not post a clear and conspicuous sign directly adjacent to the display of the product which states: "THE SALE OF HEMP EXTRACT INTENDED FOR INHALATION TO PERSONS UNDER THE AGE OF 21 IS PROHIBITED, PROOF OF AGE IS REQUIRED FOR PURCHASE". 5K-4.034(8)(a), F.A.C.

RETAIL AREA - FOOD ESTABLISHMENT'S HEMP/CBD VAPING PRODUCT DOES NOT HAVE PROPER AGE RESTRICTION SIGNAGE AT DISPLAY CASE. COS - DEPARTMENT ISSUED SIGN PROVIDED AND POSTED IN THE ESTABLISHMENT.

**INSPECTION: RISK BASED**

**Violation  
Number**

**Citation Description**

**COS Observation**

2

The establishment does not require food employees or conditional employees to report to the person in charge information about their health and activities as they relate to reportable symptoms, diagnosis, past illnesses or history of exposure to diseases that are transmissible through food. Food employee or conditional employee does not report necessary additional information such as date of onset of symptoms or illness, or diagnosis without symptoms. 2-201.11(A) P

FOOD ESTABLISHMENT DOES NOT HAVE AN EMPLOYEE HEALTH POLICY. P

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

BACK ROOM AREA - NO HAND WASHING SIGN IN EMPLOYEE AND CUSTOMER BATHROOM.

14

Surface of utensil or equipment contacting food that is not time/temperature control for safety food not cleaned at any time when contamination may have occurred; at least every 24 hours for iced tea dispensers and consumer-self service utensils; before restocking consumer self-service equipment or utensils; or in equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment at a frequency specified by the manufacturer, or absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold. 4-602.11(E)

RETAIL AREA - TONGS USED FOR DISPENSING SELF SERVICE PICKLED PRODUCT HAS NOT BEEN CLEANED AT A FREQUENCY OF EVERY 24 HOURS. COS - UTENSIL WAS REMOVED AND WASHED, RINSED AND SANITIZED BEFORE THE COMPLETION OF THE INSPECTION.



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**INSPECTION: RISK BASED**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>
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"/>	FOOD ESTABLISHMENT DOES NOT HAVE A CURRENT CERTIFIED FOOD PROTECTION MANAGER.

**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"/>	FOOD ESTABLISHMENT DOES NOT HAVE A PROBE THERMOMETER FOR TAKING HOT AND COLD HOLDING TEMPERATURES OF PERISHABLE FOODS. DISCUSSED WITH PERSON IN CHARGE.	Pf
37	Food not stored at least 6 inches above the floor; in a clean, dry location; or food stored where it is exposed to splash, dust or other contamination. 3-305.11	<input type="checkbox"/>	BACK ROOM AREA - BOXES OF PACKAGED CHIPS WERE STORED DIRECTLY ON THE FLOOR.	
45	Food dispensing utensil not available for each container displayed at consumer self-service unit such as buffet or salad bar. 4-302.11 Pf	<input type="checkbox"/>	RETAIL AREA - ONLY ONE UTENSIL PROVIDED FOR THREE SELF SERVICE PICKLED ITEMS (PICKLES, PICKLED EGGS AND SAUSAGES). DISCUSSED WITH PERSON IN CHARGE.	Pf
45	Utensil not maintained in good repair or condition; or ambient air temperature, water pressure, or water temperature measuring device not maintained in good repair or not accurate within the intended range of use. 4-502.11(A) and (C)	<input type="checkbox"/>	BACK ROOM AREA - THERMOMETER IN WALK IN COOLER IS IN DISREPAIR AND NOT ACCURATE WITHIN THE INTENDED RANGE OF USE. AMBIENT AIR TEMPERATURE IS 39 DEGREES F.	
46	Test kit or other device that accurately measures the concentration in MG/L of sanitizing solution not provided. 4-302.14 Pf	<input type="checkbox"/>	FOOD ESTABLISHMENT WAS UNABLE TO PROVIDE SANITIZER TEST STRIPS DURING THE INSPECTION.	Pf
99	The food establishment permit is not conspicuously displayed. 5K-4.020(2)(d) F.A.C.	<input type="checkbox"/>	FOOD ESTABLISHMENT'S 2021 ANNUAL FOOD PERMIT WAS NOT DISPLAYED OR AVAILABLE DURING THE INSPECTION.	



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**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**

Informational handouts provided to the establishment: Reducing Illness, Certified Food Protection Manager, Hand Washing Signage and Hemp Extract Proof of Age Signage.

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 provided.

**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)

KENNETH DAVIDSON, ENVIRONMENTAL SPECIALIST I

(Signature of Representative)

OSMAN GANI, PERSON IN CHARGE

Print Name and Title

