

# Florida Department of Agriculture and Consumer Services Division of Food Safety

#### FOOD SAFETY INSPECTION REPORT

Chapter 500, Florida Statutes (850) 245-5520

Visit #: 9999-7182-2019-45 Bureau of Food Inspection Attention: Business Center 3125 Conner Boulevard, C-26 Tallahassee, FL 32399-1650

Name: Cherry Lake Food Mart

Owner: Unzawari Llc

Type: Convenience Store Limited FS

Address: 8113 N State Road 53 Madison, FL 32340-3573

Establishment #:

Date of Visit: Inspected By:

October 27, 2022

KENNETH DAVIDSON

## **INSPECTION SUMMARY - Operating Without a Valid Food Permit**

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.

### **NOTICE OF FEES**

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

### **OBSERVATIONS AND CORRECTIVE ACTIONS**

COS = Corrected on Site P = Priority Citation

Pf = Priority Foundation Citation

(Supports or Leads to a Priority

**INSPECTION: HEMP RETAIL** 

Violation

Citation Description and Observation	cos
Citation Description: 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	X
<b>Observation:</b> Retail Area - Food establishment does not have the required departmental proof of age signage for inhalable hemp extract. COS - Inhalable hemp extract signage was provided and posted before completion of the inspection.	
RISK BASED	
Citation Description and Observation	cos
	Citation Description: 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.  Observation: Retail Area - Food establishment does not have the required departmental proof of age signage for inhalable hemp extract. COS - Inhalable hemp extract signage was provided and posted before completion of the inspection.  RISK BASED

(Directly Associated with Foodborne Illnesses)

Number	Citation Description and Observation	cos
2 Pf	<b>Citation Description:</b> Person in charge does not ensure food employees and conditional employees are informed in a verifiable manner of their responsibility to report to the person in charge information about their health and activities as they relate to diseases that are transmissible through food. 2-103.11(O) Pf	
	<b>Observation:</b> Food establishment was unable to provide employee reporting responsibilities in a verifiable manner.	
8 Pf	Citation Description: 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  Observation: Back Room Area - Hand wash sink was used to store a gallon of water. COS - Water was relocated during the inspection.	X

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Citation Description: Refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by	X
a food processing plant not clearly marked, when opened onsite and held for more than 24 hours, to indicate the date	
or the day the original container is opened onsite not counted as day 1. 3-501.17(B) Pf	
<b>Observation:</b> Back Room Area - Open package of fully cooked sausages, cold held for more than 24 hours, in the walk in cooler did not contain a date mark. COS - Date of opening was verified by management and properly date marked during the inspection.	
Citation Description: 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	
employees, consumers, food, and surfaces to vomitus or fecal matter. 2-501.11 Pf	
Observation: Food establishment does not have written procedures for responding to a vomiting and diarrheal	
	a food processing plant not clearly marked, when opened onsite and held for more than 24 hours, to indicate the date or day by which the food shall be consumed, sold, or discarded when held at 41°F or less for a maximum of 7 days; or the day the original container is opened onsite not counted as day 1. 3-501.17(B) Pf  Observation: Back Room Area - Open package of fully cooked sausages, cold held for more than 24 hours, in the walk in cooler did not contain a date mark. COS - Date of opening was verified by management and properly date marked during the inspection.  Citation Description: 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

### **INSPECTION: GRP**

Violation Number	Citation Description and Observation	cos
34	Citation Description: 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) Observation: Back Room Area - No visible thermometer in the walk in cooler. Ambient air temperature was 38 degrees F.	
46 Pf	<b>Citation Description:</b> Test kit or other device that accurately measures the concentration in MG/L of sanitizing solution not provided. 4-302.14 Pf <b>Observation:</b> Food establishment could not provide sanitizer test strips during the inspection.	
46	Citation Description: Warewashing equipment; sinks, basins or other receptacles used for washing or rinsing raw food or laundering wiping cloths; or drainboards or equipment used to substitute for drainboards not cleaned before use, throughout the day at a frequency necessary to prevent recontamination of equipment and utensils and ensure the equipment performs its intended function, and at least every 24 hours when used. 4-501.14  Observation: Back Room Area - Ware washing sink has visible dirt buildup near areas around basin and sealing points to counter.	
52	<b>Citation Description:</b> Outdoor storage surface for refuse, recyclables, and returnables not constructed of nonabsorbent material such as concrete or asphalt or is not smooth, durable, and sloped to drain. 5-501.11 <b>Observation:</b> Outside Grounds - Dumpster located directly on grass.	
53	Citation Description: After use, mop not placed in a position that allows air-drying without soiling walls, equipment or supplies. 6-501.16  Observation: Back Room Area - Used mop stored inside an empty mop ringer in a position that does not allow mop head to air dry between times of use. COS - Mop was relocated and inverted to allow to air dry.	X
53	Citation Description: Physical facilities not maintained in good repair. 6-501.11 Observation: Retail Area - Observed water stained ceiling tiles.	
99	Citation Description: The food establishment is operating without a valid food permit. An application for a food permit has been submitted. Food Establishment shall remit payment of appropriate fee within 10 days. 500.12(1) (a)F.S., 5K-4.020(4)(b) F.A.C.  Observation: Food establishment is operating without a food permit with an application submitted due to company ownership restructuring.	

## **COMMENTS**

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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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.

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.

The food establishment is operating without a valid food permit. An application for a food permit has been submitted. The Food Establishment shall remit payment of the appropriate fee within 10 days. Electronic online payment by credit card or e-check is available at https://foodpermit.fdacs.gov. 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. Contact the Business Center by email at FoodSafety@FDACS.gov or by calling 850-245-5520 for further assistance.

Initial inspection conducted per request # 5085509.

Employee Health Guidelines, reporting agreement and hemp inhalation proof of age signage provided.

A copy of this report has been provided to the person in charge of the food establishment and will be available online at <a href="https://foodpermit.fdacs.gov/Reports/SearchFoodEntity.aspx">https://foodpermit.fdacs.gov/Reports/SearchFoodEntity.aspx</a>.

KENNETH DAVIDSON, ENVIRONMENTAL SPECIALIST I

CAROL GRANT, MANAGER

Name and Title of Whom This Report was Issued

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