



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 # 3701-0008-20  
Bureau of Food Inspection  
Attention: Business Center  
3125 Conner Boulevard, C-26  
Tallahassee, FL 32399-1650

Print Date: October 16, 2020

Food Entity Number: 36507  
Food Entity Name: SEDANO'S # 0016  
Date of Visit: October 16, 2020  
Food Entity Address: 3925 Palm Ave Hialeah, FL 33012-4447  
Food Entity Mailing Address: 3925 Palm Ave Hialeah, FL 33012-4447  
Food Entity Type/Description: 111/Supermarket  
Food Entity Owner: SEDANO'S # 0016

Owner Code:

**INSPECTION SUMMARY - Met Inspection Requirements**

On October 16, 2020, SEDANO'S # 0016 was inspected by SIMEON CARRERO, 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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<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	IN	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	IN	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	IN	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	IN	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	IN	CONFORMANCE WITH APPROVED PROCEDURES: Conformance with approved procedures
95	IN	SUPERVISION: Certified food protection manager

**COMMENTS**

This re- inspection conducted to verify compliance of food safety citations observed during previous inspection. The compliance issues that required a re-inspection have been resolved and this food establishment has Met Inspection Requirements.

**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)

SIMEON CARRERO, SANITATION AND SAFETY SPECIALIST

(Signature of Representative)

EDEL PEREZ, PERSON IN CHARGE

Print Name and Title

