



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 # 3810-0008-20  
Bureau of Food Inspection  
Attention: Business Center  
3125 Conner Boulevard, C-26  
Tallahassee, FL 32399-1650

Print Date: July 08, 2020

Food Entity Number: 322960  
Food Entity Name: DOLLAR GENERAL # 11178  
Date of Visit: July 08, 2020  
Food Entity Address: 31285 Blue Star Hwy Midway, FL32343-2440  
Food Entity Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072-2171  
Food Entity Type/Description: 152/ Minor Outlet with Perishables  
Food Entity Owner: DOLGENCORP LLC (GN\$)

Owner Code: GN\$

**INSPECTION SUMMARY - Met Inspection Requirements**

On July 08, 2020, DOLLAR GENERAL # 11178 was inspected by YOLANDA SYLVE, 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>Number</u>	<u>Compliance</u> <u>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	N/A	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	N/A	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/A	TIME/TEMPERATURE CONTROL FOR SAFETY FOOD: Proper cooking time and temperatures
17	N/A	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	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	OUT	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	IN	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
47	OUT	UTENSILS, EQUIPMENT AND VENDING: Nonfood-contact surfaces clean
49	OUT	PHYSICAL FACILITIES: Plumbing installed; proper backflow devices
51	OUT	PHYSICAL FACILITIES: Toilet facilities: properly constructed, supplied, and cleaned
52	OUT	PHYSICAL FACILITIES: Garbage and refuse properly disposed; facilities maintained

**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)



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**INSPECTION: RISK BASED**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
24	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	<input type="checkbox"/>	RETAIL: 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. SEE COMMENTS.	Pf

**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"/>	RETAIL NO THERMOMETER AVAILABLE FOR CHECKING PERISHABLE FOODS TEMPERATURE.	Pf
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"/>	RETAIL: NO VISIBLE THERMOMETER FOUND IN DAIRY AND DELI MEATS COOLERS. TEMPERATURES TAKEN WERE 35 AND 38 DEGREES F.	



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INSPECTION: GRP

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
47	Nonfood-contact surface of equipment not cleaned at a frequency necessary to preclude accumulation of soil residue. 4-602.13	<input type="checkbox"/>	RETAIL: DUST AND OTHER RESIDUE BUILDUP INSIDE BOTTOM SURFACE OF REACH IN FOOD COOLERS AND FREEZERS, DUST BUILDUP IN DRY GOODS SHELVING.	
49	Plumbing system not installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use, including on a hose bibb, by providing an air gap or installation of an approved backflow prevention device. 5-203.14 Pf	<input type="checkbox"/>	OUTSIDE: NO BACK FLOW DEVICE PROVIDED AT NORTH SIDE OF BUILDING SPIGOT.	Pf
51	Toilet room used by females not provided with a covered receptacle for sanitary napkins. 5-501.17	<input type="checkbox"/>	BACK AREA: NO LID PROVIDED ON FEMALES RESTROOM TRASH CAN.	
51	Plumbing fixtures including but not limited to handwashing sinks, toilets and urinals not cleaned as often as necessary to keep them clean. 6-501.18	<input type="checkbox"/>	BACK AREA: DUST BUILDUP ON BOTH COMMODOES AND HAND WASHING SINKS.	
52	Storage areas, enclosures, and receptacles for refuse, recyclables, and returnables not maintained in good repair. 5-501.111	<input type="checkbox"/>	OUTSIDE: DUMPSTER LIDS ARE MISSING.	

COMMENTS

Norovirus Clean-up hand out provided.  
No email.



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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)

YOLANDA SYLVE, SENIOR SANITATION AND SAFETY SPECIALIST

\_\_\_\_\_  
(Signature of Representative)

RICK HARRIS, MANAGER

\_\_\_\_\_  
Print Name and Title

