

Florida Department of Agriculture and Consumer Services Division of Food Safety

FOOD SAFETY INSPECTION REPORT

Chapter 500, Florida Statutes (850) 245-5520

Visit # 9999-7182-1636-12 Bureau of Food Inspection Attention: Business Center 3125 Conner Boulevard, C-26 Tallahassee, FL 32399-1650

NICOLE "NIKKI" FRIED COMMISSIONER

Print Date: April 12, 2021

Food Entity Number: Food Entity Name: Date of Visit: Food Entity Address: Food Entity Mailing Address: Food Entity Type/Descriptio Food Entity Owner: 399922 PRESIDENTE SUPERMARKET NO 57 April 12, 2021 2300 S Chickasaw Trl Orlando, FL 32825-8416 3001 NW 17th Ave Miami, FL 33142-6158 111/Supermarket PRESIDENTE SUPERMARKET NO 57 INC

Owner Code:

INSPECTION SUMMARY - Met Inspection Requirements - Abridged Inspection

On April 12, 2021, PRESIDENTE SUPERMARKET NO 57 was inspected by MATTHEW JOHNS, 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>	Violation Description	
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	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/O	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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Vialation

Compliance



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Violation	<u>Compliance</u>	
<u>Number</u>	<u>Status</u>	Violation Description
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/O	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	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/O	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

NOTICE OF OUTSTANDING FEES DUE

Previous Balance:		\$660.00
BALANCE DUE:		\$660.00
DUE BY:		Upon Receipt
	COMMENTS	

Employee Health Guidelines and reporting agreement provided.

Thank you for submitting your food establishment permit application. To complete the application process, you must remit payment in full. To expedite the processing of your food permit application, electronic online payment is available at https://foodpermit.fdacs.gov. Follow the instructions on the portal page for payment processing. 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.

Permit fees must be paid in full before your application can be processed further. Failure to pay any permit fees in full will result in the denial of your permit and you may be subject to administrative penalties if you are found operating without a valid food permit, which is a violation of Section 500.12(1)(a), Florida Statutes. If you are found to be in violation of this provision, the Department may impose up to a \$5,000.00 fine against you and/or seek administrative action to close your business.

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NICOLE "NIKKI" FRIED

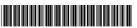
COMMISSIONER

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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.

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.

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

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.

ohns Matt.

(Signature of FDACS Representative)

(Signature of Representative)

MATTHEW JOHNS, SANITATION AND SAFETY SPECIALIST

Print Name and Title

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