



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food Safety



Visit # 9999-7182-1465-87  
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: August 11, 2020

Food Entity Number:  
Food Entity Name: JOSEPH'S CLASSIC MARKET  
Date of Visit: August 11, 2020  
Food Entity Address: 6000 Glades Road UNIT 1380A Boca Raton, FL33431-7208  
Food Entity Mailing Address: 4409 Northlake Blvd Palm Beach Gardens, FL 33410-6255  
Food Entity Type/Description: 112/ Grocery Store < 15,000 sq ft  
Food Entity Owner: Boca Food Market LLC  
Owner Code:

**INSPECTION SUMMARY - Met Inspection Requirements; Check Back Needed - Abridged Inspection**

On August 11, 2020, JOSEPH'S CLASSIC MARKET was inspected by TARIQUL ISLAM, a representative of the Florida Department of Agriculture and Consumer Services. Violations observed during the inspection must be corrected to be in compliance with Chapter 500, Florida Statutes, and Rule 5K-4, Florida Administrative Code. A Department inspector will check-back to ensure 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	N/O	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/O	APPROVED SOURCE: Required records available: shellstock tags, parasite destruction
13	N/O	PROTECTION FROM CONTAMINATION: Food separated and protected



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<u>Violation Number</u>	<u>Compliance Status</u>	<u>Violation Description</u>
14	IN	PROTECTION FROM CONTAMINATION: Food-contact surfaces: cleaned and sanitized
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/O	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	OUT	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

**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: RISK BASED**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS Observation</u>
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**INSPECTION: RISK BASED**

<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
2	Person in charge does not correctly respond to questions that relate to preventing transmission of foodborne disease by a food employee who has a disease or medical condition that may cause foodborne disease, can not describe symptoms associated with diseases that are transmissible through food, or can not explain how to comply with reporting responsibilities and exclusion or restriction of food employees. 2-102.11(C)(2)-(3) and (17) Pf	<input type="checkbox"/>	PIC WAS UNABLE TO CORRECTLY RESPOND TO QUESTIONS RELATE TO FOODBORNE DISEASE AND SYMPTOMS THAT MAY CAUSE FOODBORNE DISEASE. ALSO, WAS UNABLE TO RELATE CONDITIONS OF RESTRICTION AND EXCLUSION.	Pf
8	At least one handwashing sink, or number of handwashing sinks necessary for their convenient use by employees, not provided in food preparation, food dispensing or warewashing area, or for a toilet room. 5-203.11 Pf	<input type="checkbox"/>	DELI DEPARTMENT: HAND WASH SINK IS NOT CONVENIENTLY LOCATED FOR ALL THE FOOD EMPLOYEES AT DELI AREA. ONLY ONE HAND WASH SINK HAS BEEN INSTALLED AT VERY FAR END OF THE DEPARTMENT. ANOTHER HAND WASH SINK WITH HOT AND COLD RUNNING WATER UNDER PRESSURE MUST BE INSTALLED WITHIN 30 DAYS. FAILURE TO COMPLY WITHIN 30 DAYS MAY RESULT IN ADMINISTRATIVE ACTIONS.	Pf
8	Handwashing sink or group of 2 adjacent handwashing sinks not provided with hand cleaning liquid, powder, or bar soap. Handwashing sink or group of adjacent handwashing sinks not provided with: individual, disposable towels; continuous towel system that supplies the user with a clean towel; a heated-air hand drying device; or a device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures. 6-301.11 and 6-301.12 Pf	<input type="checkbox"/>	BACKROOM AREA: HAND WASH SOAP AND PAPER TOWELS NOT PROVIDED IN RESTROOM HAND WASH SINKS. MEAT DEPARTMENT: NO HAND WASH SOAP AND PAPER TOWELS PROVIDED AT HAND WASH SINK. DELI DEPARTMENT: NO HAND WASH SOAP AND PAPER TOWELS PROVIDED AT HAND WASH SINK.	Pf



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<u>Violation Number</u>	<u>Citation Description</u>	<u>COS</u>	<u>Observation</u>	
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	<input type="checkbox"/>	BACKROOM AREA: NO SIGN POSTED AT RESTROOM HAND WASH SINKS. DELI DEPARTMENT: NO SIGN POSTED AT HAND WASH SINK. MEAT/SEAFOOD DEPARTMENT: NO SIGN POSTED AT HAND WASH SINK.	
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"/>	NO WRITTEN PROCEDURES FOR ACCIDENTAL VOMITUS AND OR DIARRHEA CLEAN UP AND DISINFECTION.	Pf

**COMMENTS**

HAND WASH SINK IS NOT CONVENIENTLY LOCATED FOR ALL THE FOOD EMPLOYEES AT DELI AREA. ONLY ONE HAND WASH SINK HAS BEEN INSTALLED AT VERY FAR END OF THE DEPARTMENT. ANOTHER HAND WASH SINK WITH HOT AND COLD RUNNING WATER UNDER PRESSURE MUST BE INSTALLED WITHIN 30 DAYS. FAILURE TO COMPLY WITHIN 30 DAYS MAY RESULT IN ADMINISTRATIVE ACTIONS.

Establishment can call 850-245-5520 when corrections have been made to request verification visit prior to 30 days.

Visit conducted to follow up on request# 5045593.

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 and reviewed with pic.



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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 Entity 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.

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 <http://fims.freshfromflorida.com/>. 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.

Reducing Illness and CDC Guidance Provided.

Norovirus Clean Up and Disinfection Procedures 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.

*Tarigul Islam*

(Signature of FDACS Representative)

(Signature of Representative)

TARIQUL ISLAM, SANITATION AND SAFETY SPECIALIST

DAVID STANLEY, MANAGER

Print Name and Title

