

Food Service Establishment Inspection Report

Name: _____

Address: _____ Zip: _____

Yr. Mo. Day _____

PURPOSE: 1-Routine 3-Request 4-Other
2-Follow-up

ENFORCEMENT: 1-Routine Administrative 2-Action Recommended

Establishment Number: _____

PREVIOUS SCORE: _____

The items marked below as violations in the operation or facilities of your establishment must be corrected as specified in Section 290-5-14-1(d). Failure to correct violations will result in appropriate legal action as provided for in Georgia laws or Food Service Rules. X INDICATES NON-COMPLIANCE.

HAZARDOUS ITEMS (Category I)				CRITICAL ITEMS (Category II)				GENERAL ITEMS (Category III)			
FOOD	C A T	POINTS		X /	SEWAGE	C A T	POINTS		X /		
		MAX	MIN				MAX	MIN			
1. Safe Approved Source	I				23. Sewage In Establishment	I					
2. Adulterated, Container, Labeled, Dispensed	II	10	5		24. Approved Sewage System	III	15	8			
PERSONNEL					PLUMBING						
3. Disease Control, Personal Hygiene	I				25. Installation, Maintained:	III	4	2			
4. Tobacco, Clothes, Hair Restraints	II	8	6		26. No Cross-Connection; Back Siphonage	I					
FOOD PROTECTION					TOILET & HANDWASHING FACILITIES						
5. Food Handling Techniques	I				27. Approved, Accessible	I					
6. Protected From Contamination	II	10	5		28. Constructed, Maintained, Number	III	4	2			
7. Storage Practices, Approved Containers	II	10	5		29. Clean, Proper Supplies Provided	II	10	5			
TEMPERATURE CONTROL					GARBAGE & REFUSE DISPOSAL						
8. Enough Facilities to Maintain Food Temperatures	I				30. Containers, Covered, Number, Other	III	8	4			
9. Foods Rapidly Cooled, Held and Displayed	I				31. Storage Area, Clean, Construction	III	5	3			
10. Food Cooked to Proper Temperature	I				PHYSICAL FACILITIES						
11. Foods Rapidly Reheated, Properly Thawed	I				32. Floors, Walls, Ceilings	III	6	3			
EQUIPMENT & UTENSILS					33. Lighting, Fixtures Shielded	III	6	3			
12. Dishwashing Facilities, Acceptable, Operational:	I				34. Ventilation Sufficient, Maintained, Clean	III	8	4			
13. Designed, Constructed, Installed, Located	III	8	3		35. Personnel Facilities Provided; Used	III	2				
14. Food Contact Surfaces Clean, Procedure	II	15	8		OTHER OPERATIONS						
15. Approved Material, Maintained	II	8	3		36. Toxic Materials, Storage, Use, Label	I					
16. Testing Equipment Provided (Thermometer)	II	5	3		37. Roaches, Flies, Rodents	III	15	8			
17. Cloths, Clean, Properly Stored, Used	II	4	2		38. Proper Cleaning Methods Used	III	2				
18. Non-Food Contact Surfaces	III	15	8		39. Authorized Personnel, Animal Control	II	5	2			
19. Storage, Handling Practices	II	9	3		40. Inspection Report, Choking Poster, Permit Posted; Linen, Laundry	III	2				
20. Single-Service Articles	II	8	3		41. Approved Area Used for Food Service Operation	III	2				
WATER					The Following Category I Items Were Corrected At The Time Of The Inspection, _____						
21. Approved Source, System Operational	I										
22. Hot and Cold Water As Required	II	5	2								

Discussed With: _____ Title: _____

Inspected By: _____ Title: _____