

GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: BERT ADAMS DINING HALL
 Address: 218 BOY SCOUT RD
 City: CONINGTOWN Time In: 11:35 AM/PM Time Out: 1:30 AM/PM
 Inspection Date: 7/2/09 CFSM: JONATHAN DIECK 5708565 1-17-13
 Purpose of Inspection: Routine Follow-up Complaint
 Preliminary Other
 Risk Type: 1 2 3 Permit#: 107-0282

Last Score	Grade	Date
74	C	6-23-09
Prior Score	Grade	Date
96	A	11-18-08

CURRENT SCORE: 93 CURRENT GRADE: A

SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69

- FOLLOW UP INSPECTION -

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN	OUT	NA	NO	COS	R	Compliance Status	Points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Supervision - Subcategory 2	4 points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1-2. Person in charge <u>present</u> , demonstrates knowledge, and performs duties: <u>CFSM on staff</u>	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Employee Health, Good Hygienic Practices, Preventing Contamination by Hands - Subcategory 1	9 points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2-1A. Proper use of restriction & exclusion	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2-1B. Hands clean and properly washed	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2-1C. No bare hand contact with ready-to-eat foods	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Employee Health, Good Hygienic Practices - Subcategory 2	4 points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2-2A. Management awareness; policy present; reporting	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2-2B. Proper eating, tasting, drinking, or tobacco use	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2-2C. No discharge from eyes, nose, and mouth	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2-2D. Adequate handwashing facilities supplied & accessible	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Approved Source - Subcategory 1	9 points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			3-1A. Food obtained from approved source; parasite destruction	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			3-1B. Food received at proper temperature	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			3-1C. Food in good condition, safe, and unadulterated	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Protection from Contamination - Subcategory 1	9 points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			4-1A. Food separated and protected	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Protection from Contamination - Subcategory 2	4 points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			4-2A. Food stored covered	0/0
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			4-2B. Food-contact surfaces: cleaned & sanitized	0/0

GOOD RETAIL PRACTICES

(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R = repeat (violation of the same code provision) = 1 point per category.)

IN	OUT	NA	NO	COS	R	Compliance Status	Points
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Safe Food and Water, Food Identification	3 points
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			10A. Pasteurized eggs used where required	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			10B. Water and ice from approved source	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			10C. Variance obtained for specialized processing methods	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			10D. Properly labeled; original container; required records: shellstock tags; segregated distressed food	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Food Temperature Control	3 points
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			11A. Proper cooling methods used; adequate equipment for temperature control	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			11B. Plant food properly cooked for hot holding	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			11C. Approved thawing methods used	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			11D. Thermometers provided and accurate	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Prevention of Food Contamination	3 points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			12A. Contamination prevented during food preparation, storage & display	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			12B. Personal cleanliness	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			12C. Wiping cloths: properly used and stored	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			12D. Washing fruits and vegetables	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Postings and Compliance with Clean Air Act	1 point
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			13B. Compliance with Georgia Smoke Free Air Act	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Proper Use and Handling of Utensils	1 point
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			14A. In-use utensils: properly stored	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			14B. Utensils, equipment and linens: properly stored, dried, handled	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			14C. Single-use/single-service articles: properly stored, used	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			14D. Gloves used properly	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Utensils, Equipment and Vending	1 point
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			15A. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			15B. Warewashing facilities: installed, maintained, used; test strips	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			15C. Nonfood-contact surfaces clean	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Water, Plumbing and Waste	2 points
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			16A. Hot and cold water available; adequate pressure	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			16B. Plumbing installed; proper backflow devices	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			16C. Sewage and waste water properly disposed	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Physical Facilities	1 point
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			17A. Toilet facilities: properly constructed, supplied, cleaned	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			17B. Garbage/refuse properly disposed; facilities maintained	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			17C. Physical facilities installed, maintained, and clean	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			17D. Adequate ventilation and lighting; designated areas used	0/0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Pest and Animal Control	3 points
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			18. Insects, rodents, and animals not present	0/0

Person in Charge (Signature) [Signature] (Print) Jonathan Dieck Date: 7/2/09

Inspector (Signature) [Signature] Follow-up: YES NO Follow-up Date: 1/1

Form: Inspection 1A-2007

Food Service Establishment Inspection Report Addendum

Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsections (2)(i) and (j).

Establishment BERT ADAMS DINING HALL	Permit # 107-0282	Date 7-2-09
Address 218 BOY SCOUT RD	City/State CONINGTAN, GA	Zip Code 30014

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
BUFFET - HOT HOLD		WALKIN COOLER		REACHIN COOLER - 30 deg	
CORN-COB	145°F	SLAW	38°F	MILK	37°F
CORN-COB	146°F	GREEN BEANS	35°F		
CHICKEN SANDWICH	149°F	MARGARINE (NON PHF)	40°F		
PATER TOTS	180°F	HAM	37°F		
REACHIN - AIR TEMP	38°F				
NO PHF IN COOLER				THERM CALIB ATRINS	32.7°F

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
15A	ICE SCOP HAS HOLE ON SIDE FROM REPAIR MELTS - NEED OR TO REPLACE ICE SCOP @ ICE MACHINE. - THREW OUT & REPLACE
12A	FREEZER (WALK-IN) LEAKING WATER/ICE ON TOP OF FOOD PACKAGES - STORE FOOD PROPERLY. - CORRECTED ON-SITE (MGMT)
15A	FREEZER LEAKING ICE/WATER AROUND CONDENSATE LINE AREA - NEED TO FIX.
18	FLIES IN FOOD PREP AREAS - CONTROL PESTS
	NOTES - KEEP SANITIZER SOLUTIONS @ PROPER LEVELS
	• REPLACE ANY BULBS OUT (VENTHOOD)
	• ALWAYS KEEP DUMPSTER DOORS CLOSED.
	• CLEAN TABLES USING APPROVED METHODS

Person in Charge (Signature) 	Date 7-2-09
Inspector (Signature) 	Date 7-2-09