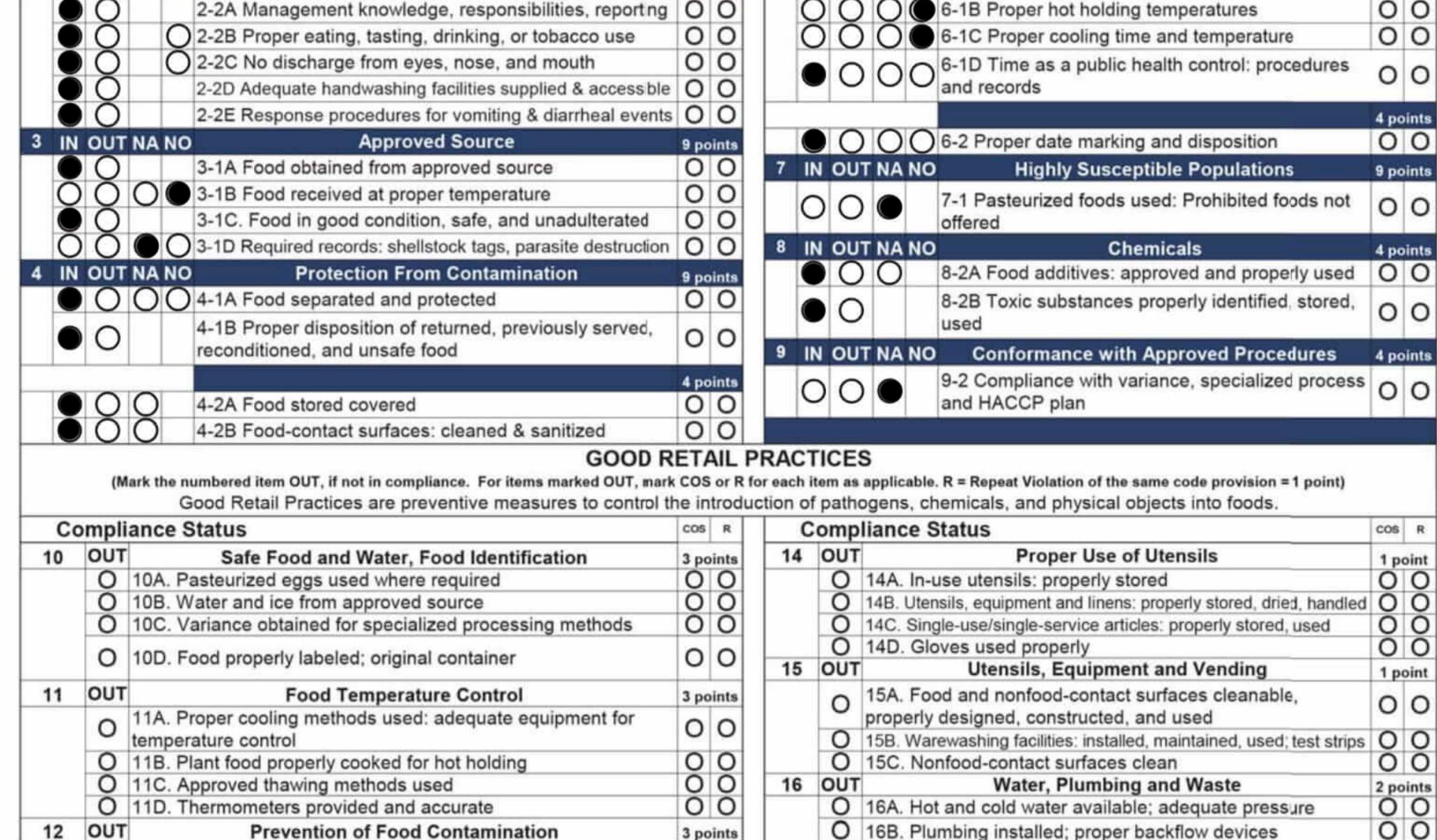
Page 1 of _____

GEORGIA DEPARTMENT OF Food Service Establishment	방법 (이상) 한 전 영상 (이상) 가지 통하였다.				CURRENT SCORE	CURRENT GRA	DE
Establishment Name: SHILOH MIDDLE SCH	HOOL						
Address: 4285 Shiloh Rd							
City: Snellville Time In: 12:10 PM	Time Out:	01:25	PM				
Inspection Date: 04/23/2021 CFSM: Terrie Hampt	on 19564464 06	/23/20	25				
Purpose of Inspection: Routine Follow-up O Compl				Date			
Preliminary O Other O	100	A		11/01/2019			
				11/01/2013			
Risk Type: 1 () 2 • 3 () Permit#: 067-234	Prior Score	Grad		Date			
Risk Factors are important practices or procedures as the mos	st			Carte			
contributing factors in foodborne illness outbreaks. Public Heal	th 97	A	۱ I	03/14/2019			
Interventions are control measures to prevent illness or injury.				s	SCORING AND GRADING: A	=90-100 B=80-89 C=70-7	9 U <u>≤</u> 6
FOODBORNE ILLNESS RISH (Mark designated compliance status (IN, OUT, NA, or NC)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I=in compliance OUT=not in compliance NO=not observed NA=not ap		-			spection R=Repeat violation	of the same code provision	=2 poir
Compliance Status	COS R		Co	mpliance	Status		COS
IN OUT NA NO Supervision	4 points		ÎN	OUT NA NO	Cooking and Rehea	ting of TCS Foods,	9 poir
O 1-2A PIC present, demonstrates knowledge, perform	ns duties 00	3	IIN	OUTNANC	Consume	r Advisory	o poi
O O 1-2B Certified Food Protection Manager	00		O	000	5-1A Proper cooking time	and temperatures	0
Employee Health Good Hygiepic Practi			Õ	0 0 0	5-1B Proper reheating pro	ocedures for hot holding	00
IN OUT NA NO Preventing Contamination by Hands			-				4 poi
O 2-1A Proper use of restriction & exclusion	00				5-2 Consumer advisory p	rovided for raw and	
	0 0		O	\mathbf{O}	undercooked foods	or act for fair and	0
O O 2-1B Hands clean and properly washed						TCS Foods	
O O O 2-1C No bare hand contact with ready-to-eat for approved alternate method properly followed		6	IN	OUT NA NO	Holding of		
approved alternate method property followed				000		of TCS Foods	9 poi
2.24 Management knowledge, responsibilities	4 points				6-1A Proper cold holding		0
1 1 1 1 I i an an ann an than an a	ronortna () ()		10		6 1B Proper bot holding to	A DA DA CATUERA C	



1.64	00.	rievention of rood oontainnation	2.00	Juina			U U	rob. r fullioning motulieu, p	loper backnow devices	
	0	12A. Contamination prevented during food preparation, storage,	0	0			0	16C. Sewage and waste v		ŏč
	-	display	-	\sim		17	OUT	Physi	ical Facilities	1 point
	0	12B. Personal cleanliness	0	0			0	17A. Toilet facilities: prope	rly constructed, supplied, cleaned	OC
	O 12C. Wiping cloths: properly used and stored		0	00			0	17B. Garbage/refuse prope	erly disposed; facilities maintained	00
	0	12D. Washing fruits and vegetables	0	0			0	17C. Physical facilities ins	talled, maintained, and clean	00
13	OUT	Postings and Compliance with Clean Air Act	1 p	oint			0	17D. Adequate ventilation a	ind lighting; designated areas used	00
	0	13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0	0		18	OUT	Pest and	Animal Control	3 point
	0	13B. Compliance with Georgia Smoke Free Air Act	0	0			0	18. Insects, rodents, and a	animals not present	OC
Perso	n in C	harge (Signature)		(P	rint)	Te	errie H	lampton	Date: 04/23/2021	
Inspec	tor (S	Signature) AOA EHS				F	ollow	up: YES O NO O	Follow-up Date:	

Food Service E	Establis	hment Inspection R	eport A	ddendum	Page 2	of <u>3</u>		
Violations cited in this report must be Regulations Food Service Chapter 51		hin the time frames specified below, o subsections (2)(h) and (i).	r as stated in the	e Georgia Department	of Public Health F	tules and		
Establishment SHILOH MIDDLE SCHOOL			Permit # 067-234			Date 04/23/2021		
Address 4285 Shiloh Rd			ity/State nellville	GA	Zip Code 30039			
		TEMPERATURE OBSER	RVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Lo	ocation	Temp		
stuff cheese meal (reheated for time control) /	196	pepperoni pizza (reheated for time control) / ov	en 162	cheese pizza (reheated fo	or time control) / oven	175		
1		1		/				
1		1		/				
1		1		/				
1		1		/				
1		1		/				
1		/		/				
1		/		/				
ltem Number		OBSERVATIONS AND CO	ORRECTIVE	ACTIONS				



Person in Charge (Signature)	Date 04/23/2021
Inspector (Signature)	Date 04/23/2021

Food Service Establishment Inspection Report Addendum

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Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Public Health Rules and Regulations Food Service Chapter 511-6-1, Rule .10 subsections (2)(h) and (i).

Establishment SHILOH MIDDLE SCHOOL	Permit # 067-234		Date 04/23/2021
Address 4285 Shiloh Rd	City/State Snellville	GA	Zip Code 30039
Item Number	BSERVATIONS AND CORRECTIVE	ACTIONS	
Comments:			
All temperatures were in compliance during today's inspection The facility uses food coloring as a food additive. www.gnrhealth.com; www.georgiaeh.us; QUESTIONS? CALL 770.963.5132. Ext 511 aminat.apooyin@gnrhealth.com	٦.		



Person in Charge (Signature)	Date 04/23/2021
Inspector (Signature)	Date 04/23/2021