	CHINNEY	GEORGIA DEPARTMENT OF PUBLIC							CURRENT SCORE	CURRENT GRAD	DE
1000		Food Service Establishment Inspecti			rt						
60	UNITY HEA	Establishment Name: C AND L JAMAICAN RESTAUF Address: 2296 Henry Clower Blvd SW	KAN	l				-			
City:	Sn	ellville Time In: 12:50 PM Time	Out	0	2:16 PI	M					
275 C. C.		Date: 02/28/2023				_	D-4	_		Λ	
1.7		f Inspection: Routine Follow-up O Compliant O			Grade	11	Date				
		y O Other O 1 O 2 3 O Permit#: 067-FS-12396	92	_	Α	土土	./22/2	.022			
			Prior Sc	ore	Grade	+	Date	•			
		uting factors in foodborne illness outbreaks. Public Health	93	3	A	04	4/27/2	2022			
	Interv	entions are control measures to prevent illness or injury.						s	CORING AND GRADING: A=90	0-100 B=80-89 C=70-79	U <u>≤</u> 69
		FOODBORNE ILLNESS RISK FACT	-								
IN=in c	omplia	(Mark designated compliance status (IN, OUT, NA, or NO) for each rance OUT=not in compliance NO=not observed NA=not applicable							spection R=Repeat violation of		2 points
		ance Status	cos						Status	are come code provincial.	COS R
1 IN	OUT	NA NO Supervision		oints	5 1	N C	ошт	NA NO	Cooking and Reheatin	g of TCS Foods,	9 points
	8	1-2A PIC present, demonstrates knowledge, performs duties	_	0					Consumer A		00
		1-2B Certified Food Protection Manager Employee Health, Good Hygienic Practices,	U	0	1	۲ K	\approx	8	5-1A Proper cooking time ar 5-1B Proper reheating proces		0 0
2 IN	OUT	NA NO Preventing Contamination by Hands	9 pc	oints		J .	0		o 18 1 Toper Terreating proces	dures for flot floraling	4 points
	0	2-1A Proper use of restriction & exclusion				$\overline{}$	0		5-2 Consumer advisory prov	rided for raw and	00
	8	O 2-1B Hands clean and properly washed	0	0		9	0		undercooked foods		00
	0	2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0	0	6 1	N C	TUC	NA NO	Holding of TC		2
		approved alternate method properly followed	A po	oints			\circ		Date Marking of 6-1A Proper cold holding ter		9 points
	0	2-2A Management knowledge, responsibilities, reporting		0		5 6	ŏ	= =	6-1B Proper hot holding tem	-111	00
	0000	2-2B Proper eating, tasting, drinking, or tobacco use	0	0	(Ď (Ŏ	ŎŎ	6-1C Proper cooling time an	d temperature	00
	Q	2-2C No discharge from eyes, nose, and mouth	0	0		7	0		6-1D Time as a public health	h control: procedures	00
	\otimes	2-2D Adequate handwashing facilities supplied & access ble	-	0				•	and records		
3 IN	OUT	2-2E Response procedures for vomiting & diarrheal events NA NO Approved Source	100	-			\bigcirc	\circ	6-2 Proper date marking and	d disposition	4 points
	0	3-1A Food obtained from approved source		O				NA NO			9 points
Č	Ŏ	3-1B Food received at proper temperature	0	0			_		7-1 Pasteurized foods used:		00
	Q	3-1C. Food in good condition, safe, and unadulterated		0)			offered		00
C	O	3-1D Required records: shellstock tags, parasite destruction	0	0				NA NO		ANI CATO	4 points
		NA NO Protection From Contamination O 4-1A Food separated and protected		O		2	Ō		8-2A Food additives: approv 8-2B Toxic substances prop	DE CAN DESCRIPTION OF THE PROPERTY OF THE PROP	00
	1	4-1B Proper disposition of returned, previously served,					O		used	erry identified, stored,	00
	0	reconditioned, and unsafe food	O	0	9	N C	TUC	NA NO	Conformance with App	roved Procedures	4 points
				ints	(0	•	0	9-2 Compliance with variance	ce, specialized process	0
	0			-					and HACCP plan		
		4-2B Food-contact surfaces: cleaned & sanitized GOOD R		ΔΙΙ	PRAC	TIC	FS				_
	(N	lark the numbered item OUT, if not in compliance. For items marked OUT, mark	cos	or R	for each	item	as ap				
	11	Good Retail Practices are preventive measures to control to	1	1						s into foods.	[200] =
10	-	Safe Food and Water, Food Identification	cos			Ol	•	ance a	Status Proper Use of Ute	neile	COS R
10	0	10A. Pasteurized eggs used where required		Oints	1.4	-		4A. In-	use utensils: properly stored	113113	1 point
	0	10B. Water and ice from approved source	0	Ö		9	_		nsils, equipment and linens: prop		00
	0	10C. Variance obtained for specialized processing methods		.,		5			gle-use/single-service articles: p oves used properly	properly stored, used	00
	0	10D. Food properly labeled; original container	0	0	15				Utensils, Equipment an	d Vending	1 point
11	OUT		3 pc	oints		0			od and nonfood-contact surfa		00
	0	11A. Proper cooling methods used: adequate equipment for temperature control	0	0		C			designed, constructed, and und rewashing facilities: installed, ma		00
	0	11B. Plant food properly cooked for hot holding	0	0		C) 1		onfood-contact surfaces clean		ŏŏ
	0	11C. Approved thawing methods used 11D. Thermometers provided and accurate	0	00	16	_		EA Ho	Water, Plumbing and and cold water available; ac		2 points
12	OUT		10000	oints		č			umbing installed; proper back		ŏŏ
	0	12A. Contamination prevented during food preparation, storage,	0	0		-) 1		wage and waste water prope	rly disposed	00
	0	display 12B. Personal cleanliness	0	0	17	OL		7A To	Physical Faciliti ilet facilities: properly construc		1 point
	ŏ	12C. Wiping cloths: properly used and stored	0	0					rbage/refuse properly dispose		ŏŏ
44	O	12D. Washing fruits and vegetables		0		C			ysical facilities installed, mair	TO THE TAXABLE PARTY.	00
13	О	Postings and Compliance with Clean Air Act 13A. Posted: Permit/Inspection/Choking Poster/Handwashing	O	Oint	18	-		/D. Ad	equate ventilation and lighting; Pest and Animal Co		O O
	ŏ	13B. Compliance with Georgia Smoke Free Air Act	ŏ	ŏ		Č		8. Inse	cts, rodents, and animals not	E-P-11AII-201	0 0
Perso	n in C	harge (Signature)		/27	rint)	Sera	ald		Date: O	2/28/2023	
		1 11/C/		(1)		11.000		VE	S O NO		
Inspec	tor (S	Signature) // MRB EHS			F	ollo	w-u	p: 1E	Follow-up	Date:	

C AND L JAMAICAN RESTAURANT		Permit # 067-FS-12396		Date 02/28/2023		
ddress 296 Henry Clower Blvd SW		Ci	t y/State ellville	1. T.	Zip Code 30078	
	×.T	EMPERATURE OBSER		GA 3001	0	
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
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	1		1			
Item	O	DEEDVATIONS AND CO	DDECTIVE AC	TIONS		
ımber	J.	BSERVATIONS AND CO	KRECTIVE AC	TIONS		
3: COS Employee washed knif	e without sanitizing. Knife	e sanitized. After being cleaned, e	quipment food-contac	t surfaces and utensils shall be s	anitized proper	
son in Charge (Signature)				Date 02/28/2023		

NAMES AND ADDRESS OF THE PARTY	ishment Inspection Report A within the time frames specified below, or as stated in t	7.10 hard 10 may 10 120 10	of Public Health Rules and
egulations Food Service Chapter 511-6-1, Rule	e .10 subsections (2)(h) and (i).		
stablishment CAND L JAMAICAN RESTAURANT	Permit # 067-FS-12396		Date 02/28/2023
ddress 296 Henry Clower Blvd SW	City/State Snellville	GA	Zip Code 30078
Item Number	OBSERVATIONS AND CORRECTIV	/E ACTIONS	
Comments:			
www.gnrhealth.com Questions? 770-963-5132 All cold-holding & hot-holding in compliance unles	s noted otherwise.		
Person in Charge (Signature)			Date 02/28/2023