

<b>GEORGIA DEPARTMENT OF PUBLIC HEALTH</b> <b>Food Service Establishment Inspection Report</b>						CURRENT SCORE		CURRENT GRADE	
<b>Establishment Name:</b> GOLDEN BUDDHA RESTAURANT <b>Address:</b> 4300 Buford Drive <b>City:</b> Buford <b>Time In:</b> 10:25 AM <b>Time Out:</b> 11:30 AM <b>Inspection Date:</b> 02/11/2023 <b>CFSM:</b> _____ <b>Purpose of Inspection:</b> Routine <input type="radio"/> Follow-up <input checked="" type="radio"/> Compliant <input type="radio"/> <b>Preliminary</b> <input type="radio"/> <b>Other</b> <input type="radio"/> <b>Risk Type:</b> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> <b>Permit#:</b> 067-1344 <div style="font-size: small;">Risk Factors are important practices or procedures as the most contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.</div>						100		A	
		Last Score 59	Grade U	Date 02/02/2023					
		Prior Score 85	Grade B	Date 03/16/2022					
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b> <small>(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.)</small>						<b>SCORING AND GRADING:</b> A=90-100 B=80-89 C=70-79 U≤69			
Compliance Status					COS	R			
<b>1</b>	IN	OUT	NA	NO					
<b>Supervision</b>					<b>4 points</b>				
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
1-2A PIC present, demonstrates knowledge, performs duties					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
1-2B Certified Food Protection Manager					<input type="radio"/>	<input type="radio"/>			
<b>2</b>	IN	OUT	NA	NO					
<b>Employee Health, Good Hygienic Practices, Preventing Contamination by Hands</b>					<b>9 points</b>				
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2-1A Proper use of restriction & exclusion					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2-1B Hands clean and properly washed					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2-2A Management knowledge, responsibilities, reporting					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2-2B Proper eating, tasting, drinking, or tobacco use					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2-2C No discharge from eyes, nose, and mouth					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2-2D Adequate handwashing facilities supplied & accessible					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2-2E Response procedures for vomiting & diarrheal events					<input type="radio"/>	<input type="radio"/>			
<b>3</b>	IN	OUT	NA	NO					
<b>Approved Source</b>					<b>9 points</b>				
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
3-1A Food obtained from approved source					<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
3-1B Food received at proper temperature					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
3-1C Food in good condition, safe, and unadulterated					<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
3-1D Required records: shellstock tags, parasite destruction					<input type="radio"/>	<input type="radio"/>			
<b>4</b>	IN	OUT	NA	NO					
<b>Protection From Contamination</b>					<b>9 points</b>				
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
4-1A Food separated and protected					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
4-1B Proper disposition of returned, previously served, reconditioned, and unsafe food					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
4-2A Food stored covered					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
4-2B Food-contact surfaces: cleaned & sanitized					<input type="radio"/>	<input type="radio"/>			
Compliance Status					COS	R			
<b>5</b>	IN	OUT	NA	NO					
<b>Cooking and Reheating of TCS Foods, Consumer Advisory</b>					<b>9 points</b>				
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
5-1A Proper cooking time and temperatures					<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
5-1B Proper reheating procedures for hot holding					<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
5-2 Consumer advisory provided for raw and undercooked foods					<input type="radio"/>	<input type="radio"/>			
<b>6</b>	IN	OUT	NA	NO					
<b>Holding of TCS Foods, Date Marking of TCS Foods</b>					<b>9 points</b>				
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
6-1A Proper cold holding temperatures					<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
6-1B Proper hot holding temperatures					<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
6-1C Proper cooling time and temperature					<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
6-1D Time as a public health control: procedures and records					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
6-2 Proper date marking and disposition					<input type="radio"/>	<input type="radio"/>			
<b>7</b>	IN	OUT	NA	NO					
<b>Highly Susceptible Populations</b>					<b>9 points</b>				
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
7-1 Pasteurized foods used: Prohibited foods not offered					<input type="radio"/>	<input type="radio"/>			
<b>8</b>	IN	OUT	NA	NO					
<b>Chemicals</b>					<b>4 points</b>				
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
8-2A Food additives: approved and properly used					<input type="radio"/>	<input type="radio"/>			
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
8-2B Toxic substances properly identified, stored, used					<input type="radio"/>	<input type="radio"/>			
<b>9</b>	IN	OUT	NA	NO					
<b>Conformance with Approved Procedures</b>					<b>4 points</b>				
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
9-2 Compliance with variance, specialized process and HACCP plan					<input type="radio"/>	<input type="radio"/>			
Compliance Status					COS	R			
<b>10</b>	OUT	<b>Safe Food and Water, Food Identification</b>			<b>3 points</b>				
	<input type="radio"/>	10A. Pasteurized eggs used where required			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	10B. Water and ice from approved source			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	10C. Variance obtained for specialized processing methods			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	10D. Food properly labeled; original container			<input type="radio"/>	<input type="radio"/>			
<b>11</b>	OUT	<b>Food Temperature Control</b>			<b>3 points</b>				
	<input type="radio"/>	11A. Proper cooling methods used: adequate equipment for temperature control			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	11B. Plant food properly cooked for hot holding			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	11C. Approved thawing methods used			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	11D. Thermometers provided and accurate			<input type="radio"/>	<input type="radio"/>			
<b>12</b>	OUT	<b>Prevention of Food Contamination</b>			<b>3 points</b>				
	<input type="radio"/>	12A. Contamination prevented during food preparation, storage, display			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	12B. Personal cleanliness			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	12C. Wiping cloths: properly used and stored			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	12D. Washing fruits and vegetables			<input type="radio"/>	<input type="radio"/>			
<b>13</b>	OUT	<b>Postings and Compliance with Clean Air Act</b>			<b>1 point</b>				
	<input type="radio"/>	13A. Posted: Permit/Inspection/Choking Poster/Handwashing			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	13B. Compliance with Georgia Smoke Free Air Act			<input type="radio"/>	<input type="radio"/>			
Compliance Status					COS	R			
<b>14</b>	OUT	<b>Proper Use of Utensils</b>			<b>1 point</b>				
	<input type="radio"/>	14A. In-use utensils: properly stored			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	14B. Utensils, equipment and linens: properly stored, dried, handled			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	14C. Single-use/single-service articles: properly stored, used			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	14D. Gloves used properly			<input type="radio"/>	<input type="radio"/>			
<b>15</b>	OUT	<b>Utensils, Equipment and Vending</b>			<b>1 point</b>				
	<input type="radio"/>	15A. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	15B. Warewashing facilities: installed, maintained, used; test strips			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	15C. Nonfood-contact surfaces clean			<input type="radio"/>	<input type="radio"/>			
<b>16</b>	OUT	<b>Water, Plumbing and Waste</b>			<b>2 points</b>				
	<input type="radio"/>	16A. Hot and cold water available; adequate pressure			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	16B. Plumbing installed; proper backflow devices			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	16C. Sewage and waste water properly disposed			<input type="radio"/>	<input type="radio"/>			
<b>17</b>	OUT	<b>Physical Facilities</b>			<b>1 point</b>				
	<input type="radio"/>	17A. Toilet facilities: properly constructed, supplied, cleaned			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	17B. Garbage/refuse properly disposed; facilities maintained			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	17C. Physical facilities installed, maintained, and clean			<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	17D. Adequate ventilation and lighting; designated areas used			<input type="radio"/>	<input type="radio"/>			
<b>18</b>	OUT	<b>Pest and Animal Control</b>			<b>3 points</b>				
	<input type="radio"/>	18. Insects, rodents, and animals not present			<input type="radio"/>	<input type="radio"/>			

Person in Charge (Signature)

(Print)

Joseph

Date: 02/11/2023

Inspector (Signature)

LEW

LEW EHS

Follow-up:

YES ☐NO ☒

Follow-up Date:



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<b>Establishment</b> GOLDEN BUDDHA RESTAURANT	<b>Permit #</b> 067-1344	<b>Date</b> 02/11/2023
<b>Address</b> 4300 Buford Drive	<b>City/State</b> Buford GA	<b>Zip Code</b> 30518

[illegible][illegible]

**Date** 02/11/2023

Date 02/11/2023

# 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 GOLDEN BUDDHA RESTAURANT	Permit # 067-1344	Date 02/11/2023
Address 4300 Buford Drive	City/State Buford GA	Zip Code 30518

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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Comments:

All cold holding assessed all items in compliance  
Make sure not to use hand sink for anything other than washing hands  
Make sure all items are date marked as needed

Person in Charge (Signature)	Date 02/11/2023
Inspector (Signature) JFW	Date 02/11/2023