	www.										-	
GEORGIA DEPARTMENT OF PUBLIFICATION Food Service Establishment Inspect									CURRENT SCORE	CURRENT GRAD	DE	
000		Establishment Name: GOLDEN BUDDHA RESTAURA			,,,,							
000	NTY HEAD	Address: 4300 Buford Drive	VIV I					$\overline{}$				
City:	But	ford Time In: 01:15 PM Time	Out	:_(	)2:45	PM						
		Date: 03/20/2024 CFSM: Joseph Ip 22230319 (										
27.00 to 14.000		of Inspection: Routine Follow-up O Compliant O La			Grad	le	Da	ate	$\mathbf{y}$			
Prelin			84		В		11/29	/2023				
		1 O 2 • 3 O Permit#: 067-1344		-								
	111111	Pi	rior Sc	core	Grad	e	Di	ate				
		actors are important practices or procedures as the most uting factors in foodborne illness outbreaks. Public Health	N/	Δ	N/	Δ	00/20	/2023				
		entions are control measures to prevent illness or injury.	1 11/	$\overline{}$	INT	<b>,</b> ,	09/20	1	CORING AND GRADING: A=9	0-100 B=80-89 C=70-79	11<6	9
_			20	0.0	ND.	211					0_0	3
		FOODBORNE ILLNESS RISK FACTO										
IN-in or	mnlia	(Mark designated compliance status (IN, OUT, NA, or NO) for each n									2 noi	inte
		iance Status	cos		пессе			iance	spection R=Repeat violation of		cos	
							лпрі	lance	Cooking and Reheating		000	
IIN	001	NA NO Supervision  1-2A PIC present, demonstrates knowledge, performs duties		O	5	IN	OUT	NA NO			9 poi	ints
	X	1-28 Certified Food Protection Manager		Ö					5-1A Proper cooking time a		0	0
	U		U	U		×	$\times$	$\times$			-	
2 IN	OUT	NA NO Employee Health, Good Hygienic Practices,				U	U		5-1B Proper reheating proce	adures for not holding	0	W III
		Preventing Contamination by Hands		oints	-				500		4 poi	ints
	$\aleph$	2-1A Proper use of restriction & exclusion		0		0	0		5-2 Consumer advisory prov undercooked foods	rided for raw and	0	0
	O	O 2-1B Hands clean and properly washed	0	0		Ū						
	0	O 2-1C No bare hand contact with ready-to-eat foods or	0	0	6	IN	OUT	NA NO	Holding of TC			
		approved alternate method properly followed	_					- Heart Court	Date Marking of		9 poi	
	_			oints			Q		6-1A Proper cold holding te	-11	0	
		2-2A Management knowledge, responsibilities, reporting	and the second	0			Q		6-1B Proper hot holding ten		0	
	Q	2-2B Proper eating, tasting, drinking, or tobacco use	0	-			O	OC	6-1C Proper cooling time ar	id temperature	0	0
	O	2-2C No discharge from eyes, nose, and mouth	0	-					6-1D Time as a public healt	h control: procedures	0	0
0		2-2D Adequate handwashing facilities supplied & access ble	•	•		_			and records		0	U
	0	2-2E Response procedures for vomiting & diarrheal events	0	0							4 poi	ints
3 IN	OUT	NA NO Approved Source	9 pc	oints			0	OC	6-2 Proper date marking an	d disposition	0	0
	0	3-1A Food obtained from approved source	0	0	7	IN	OUT	NA NO	Highly Susceptibl	e Populations	9 poi	ints
Ŏ	Ŏ	3-1B Food received at proper temperature	0						7-1 Pasteurized foods used			
Ŏ	Ŏ	3-1C. Food in good condition, safe, and unadulterated		0		0	0		offered	i Tollibited losas flot	0	U
Ŏ	Ŏ	3-1D Required records: shellstock tags, parasite destruction		0	8	IN	OUT	NA NO		als	4 poi	ints
4 IN	OUT	NA NO Protection From Contamination		oints		_		0	8-2A Food additives: approv	A1816-2	0	
		O 4-1A Food separated and protected		0		_			8-2B Toxic substances prop	The second secon		
		4 4D Desperation relation of estimated annula value annual					O	li.	used	criy ideritined otored,	0	0
	0	reconditioned, and unsafe food	0	0	9	IN	OUT	NA NO	Conformance with App	proved Procedures	4 poi	inte
			And	oints					9-2 Compliance with variance			
	$\circ$	4-2A Food stored covered	O	_		O	0		and HACCP plan	e, specialized process	0	0
Ŏ	2	4-2B Food-contact surfaces: cleaned & sanitized		ŏ					Particular Control of the Control of			
		GOOD R	_	_	DDA	СТІ	CES					
	(M	Mark the numbered item OUT, if not in compliance. For items marked OUT, mark							R = Repeat Violation of the same	code provision = 1 point)		
	(	Good Retail Practices are preventive measures to control th										
Co	mpli	iance Status	cos	1				iance s			cos	R
10	OUT		3 0/	oints	1		OUT		Proper Use of Ute	nsils	1 00	oint
	_	10A. Pasteurized eggs used where required		0				14A. In-	use utensils: properly stored		O	
	The second second	10B. Water and ice from approved source	0	0					nsils, equipment and linens: prop			
	0	10C. Variance obtained for specialized processing methods	0	0					gle-use/single-service articles: p		0	
	0	10D. Food properly labeled; original container	0	0		_		14D. GI	oves used properly		0	0
2000			_	_	1	5 (	OUT		Utensils, Equipment an		1 pc	oint
11	OUT		3 pc	oints					od and nonfood-contact surfa		0	0
	0	11A. Proper cooling methods used: adequate equipment for	0	0		-	_		designed, constructed, and			
	0	temperature control	0	5.55.0		-			rewashing facilities: installed, ma infood-contact surfaces clear			
		11B. Plant food properly cooked for hot holding 11C. Approved thawing methods used	ŏ	Access to the second	1	6 (	OUT	ISC. NO	Water, Plumbing and		O 2 poi	
	-	11D. Thermometers provided and accurate		ŏ	<u>                                   </u>	_		16A. Ho	t and cold water available; ac		O	O
12	OUT	· ·	1000	oints					umbing installed; proper back		Ö	
		12A. Contamination prevented during food preparation, storage,							wage and waste water prope		0	
	0	display	0	0	1	7 (	TUC		Physical Facilit	ies	1 po	oint
	0	12B. Personal cleanliness	0						ilet facilities: properly construc		0	
	O	12C. Wiping cloths: properly used and stored	0			-			rbage/refuse properly dispose		0	
4.4	O	12D. Washing fruits and vegetables	0			-	_		ysical facilities installed, mai	No. and the state of the state	Ö	Ö
13	OUT		the entire transfer of the last	oint	-	0	U	17D. Ad	equate ventilation and lighting;		0	
	0	13A. Posted: Permit/Inspection/Choking Poster/Handwashing 13B. Compliance with Georgia Smoke Free Air Act	0	00	1	8 (	O	18 Inco	Pest and Animal C cts, rodents, and animals not		3 poi	
		100. Compilation with Coolgia Cilioke Flee All Act	J	U				10. 11150	oto, rodonto, and animais no	produit		
Person	in C	Charge (Signature)		(1	Print)	Jos	seph		Date: 0	3/20/2024		
								VE	s O NO A			
Inspec	tor (S	Signature) MUS EHS				Fo	llow-	up: 1E	Follow-u	p Date: <u>03/20/2024</u>		

		Permit #		Date			
ddress		067-1344 City	/State	03/20/2024 <b>Zip Code</b>			
300 Buford Drive		Bufo		GA 30518	18		
		TEMPERATURE OBSERV	All Market Control		_		
icken (cook temp) / out of the wok	Temp 195	raw beef (prepped 30mins ago) / Walk in cooler	Temp	raw beef (prepped 1hr ago) / Walk in cooler	Temp 44		
——————————————————————————————————————	193	/ raw beer (prepped Somins ago) / waik in cooler	40	/	44		
		<i>'</i>					
Itom							
Item Number		OBSERVATIONS AND CO	RRECTIVE	ACTIONS			
-2D: 06(2)(a) (Panaat) COS Obse	arved colander in th	ne hand sink on the line. PIC (person in ch	narge) removed	colander from hand sink			
		·	<b>,</b>				
*SECOND REPEAT VIOLATION* <sup>*</sup>	A handwashing f	acility may not be used for purposes other	than handwash	ning. (Pf)			
		ved a build up of debris in ice scoop holde correct by 3/28/2024. Equipment food-con					
ufficient velocity to flush particulate	es to the drain, if us	shall be stored: 1. in the food with their han sed with moist food such as ice cream or m least 135°F (57°C) and the container is cle	nashed potatoes	s; 3. in a clean, dry container; or 4. in a	running water o		
fficient velocity to flush particulate	es to the drain, if us	ed with moist food such as ice cream or m	nashed potatoes	top of the food and the container; 2. in s; 3. in a clean, dry container; or 4. in a	running water of		

tablishment LDEN BUDDHA RESTAURANT	<b>Permit #</b> 067-1344		<b>Date</b> 03/20/2024
dress 0 Buford Drive	City/State Buford	GA	Zip Code 30518
ltem C	BSERVATIONS AND CORRECT		30310
nments:	DOLITVATIONO AND CONNEC	ITVE ACTIONS	
TE: All cold and hot held temperatures were in complian	ce unless otherwise noted.		
TE: MSG and food coloring are used at this facility.			
TE: Informal will occur on 3/28/2024 to check ice machin	ne.		
TE: REPEAT VIOLATIONS MAY RESULT IN PERMIT S		in hand sink)	
		in nana sinky	
TE: Questions? Please visit www.gnrhealth.com s was a joint inspection with EKM			
rson in Charge (Signature)			Date 03/20/2024
pector (Signature)			Date 03/20/2024