GEORGIA DEPARTMENT OF PUBLIC HEALTH Food Service Establishment Inspection Report				CURRENT SCORE	CURRENT GRAD	DE	
Establishment Name: IRON AGE	поп кер	ort					
Address: 3480 Financial Center Way							
	e Out:		<u>/I</u>				
Inspection Date: 11/29/2023 CFSM: Hye Jin Kim 197041: Purpose of Inspection: Routine Follow-up O Compliant O			D	ate			
Preliminary O Other O	N/A	N/A	05/04	1/2023	$ \Delta $		
Risk Type: 1 () 2 () 3 () Permit#: 067-FSP-26837	1 4/ / 1	1 4/ / 1		.,2020			
Risk Factors are important practices or procedures as the most	Prior Score	Grade		ate			
contributing factors in foodborne illness outbreaks. Public Health	83	В	04/20	6/2023			
Interventions are control measures to prevent illness or injury.			0 ./2		SCORING AND GRADING: A=	90-100 B=80-89 C=70-79	U <u><</u> 69
FOODBORNE ILLNESS RISK FACT							
(Mark designated compliance status (IN, OUT, NA, or NO) for each IN=in compliance OUT=not in compliance NO=not observed NA=not applicable	177071717				spection R=Repeat violation of		2 points
Compliance Status	COS R	7			Status	in the dutile dode providen	COS R
1 IN OUT NA NO Supervision	4 points				Cooking and Reheat	ing of TCS Foods,	O majoto
1-2A PIC present, demonstrates knowledge, performs duties	00	5 11	N 00	T NA N	Consumer	Advisory	9 points
O O 1-2B Certified Food Protection Manager	00		Q Q	Q	5-1A Proper cooking time a		00
2 IN OUT NA NO Employee Health, Good Hygienic Practices,					5-1B Proper reheating pro-	cedures for hot holding	00
Preventing Contamination by Hands	9 points						4 points
2-1A Proper use of restriction & exclusion	00			0	5-2 Consumer advisory pro undercooked foods	ovided for raw and	00
O 2-1B Hands clean and properly washed	00					CC Foods	
O O 2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0 0	6 11	N OU	T NA N	O Holding of T Date Marking o		9 points
	4 points			000	6-1A Proper cold holding to		9 points
2-2A Management knowledge, responsibilities, reporting			50		6-1B Proper hot holding te		00
2-2A Management knowledge, responsibilities, reporting 2-2B Proper eating, tasting, drinking, or tobacco use 2-2C No discharge from eyes, nose, and mouth 2-2D Adequate handwashing facilities supplied & access bl	00	1 6	Ó		6-1C Proper cooling time a	and temperature	00
O 2-2C No discharge from eyes, nose, and mouth	00			00	6-1D Time as a public hea	Ith control: procedures	
2-2D Adequate handwashing facilities supplied & access bl	e O O				and records	IITri	00
2-2E Response procedures for vomiting & diarrheal event	ts O O	_					4 points
3 IN OUT NA NO Approved Source	9 points			OC	6-2 Proper date marking a	nd disposition	00
3-1A Food obtained from approved source	00		N OU	T NA N	O Highly Susceptib	ole Populations	9 points
O O 3-1B Food received at proper temperature	00	- 1			7-1 Pasteurized foods use	d: Prohibited foods not	00
3-1C. Food in good condition, safe, and unadulterated O O 3-1D Required records: shellstock tags, parasite destruction	0 0				offered	tt-	
4 IN OUT NA NO Protection From Contamination	9 points			TNAN	8-2A Food additives: appro	TANK TO THE PARTY OF THE PARTY	4 points
O O 4-1A Food separated and protected	9 points				8-2B Toxic substances pro	UI DAD WARE TOOK OF THE	
4 4D Desper disperition of actument provinces are a					used	porty recruitment exercises,	00
reconditioned, and unsafe food	00	9	N OU	T NA N	O Conformance with Ap	proved Procedures	4 points
	4 points				9-2 Compliance with varian	nce, specialized process	00
4-2A Food stored covered 4-2B Food-contact surfaces: cleaned & sanitized	00				and HACCP plan		
O O TEST COU COMIGOT SUMMED CO. CICCUMO C. SUMMED CO.	00		TIOE.				
GOOD (Mark the numbered item OUT, if not in compliance. For items marked OUT, ma					e R = Repeat Violation of the same	e code provision = 1 point)	
Good Retail Practices are preventive measures to control							
Compliance Status	cos R	С	omp	liance	Status		COS R
10 OUT Safe Food and Water, Food Identification	3 points		OUT		Proper Use of Ut		1 point
O 10A. Pasteurized eggs used where required	00		-		-use utensils: properly stored		00
O 10B. Water and ice from approved source O 10C. Variance obtained for specialized processing methods	00	-	00		ensils, equipment and linens: pro ngle-use/single-service articles:		0 0
		1	ŏ		loves used properly	properly stored, used	ŏŏ
O 10D. Food properly labeled; original container	00	15	OUT		Utensils, Equipment a	ind Vending	1 point
11 OUT Food Temperature Control	3 points		0		ood and nonfood-contact sur	The state of the s	00
O 11A. Proper cooling methods used: adequate equipment for	00		_	1	y designed, constructed, and		1000
O 11B. Plant food properly cooked for hot holding	00	1	0		arewashing facilities: installed, nonfood-contact surfaces clea		00
O 11C. Approved thawing methods used	00	16	OUT		Water, Plumbing ar		2 points
O 11D. Thermometers provided and accurate	00		0		ot and cold water available; a		00
12 OUT Prevention of Food Contamination	3 points	4	0		umbing installed; proper bac		00
O display 12A. Contamination prevented during food preparation, storage	00	17	OUT		ewage and waste water prop Physical Facil		O O
O 12B. Personal cleanliness	00		0		oilet facilities: properly constru		00
O 12C. Wiping cloths: properly used and stored	00		Ö	17B. G	arbage/refuse properly dispos	sed; facilities maintained	00
O 12D. Washing fruits and vegetables	00	1 1	0		hysical facilities installed, ma	The state of the s	00
13 OUT Postings and Compliance with Clean Air Act O 13A. Posted: Permit/Inspection/Choking Poster/Handwashing	1 point		- HOTELSTANDEN		dequate ventilation and lighting Pest and Animal		O O
O 13A. Posted. Permit/Inspection/Choking Poster/Handwashing O 13B. Compliance with Georgia Smoke Free Air Act	8 8		0		ects, rodents, and animals no	A A STATE OF THE S	3 points
					1200		
Person in Charge (Signature)	(Print)	aul		Date.	11/29/2023	
Inspector (Signature)		F	ollow-	up: Y	ES O NO Follow-	up Date:	

		Permit #		Transaction of the second of t		
80 Financial Center Way	stablishment RON AGE			Date 11/29/2023		
Item/Location		City Bufo	/State rd	GA	Zip Code 30519	
Item/Location		TEMPERATURE OBSERV	/ATIONS			
	Temp	Item/Location	Temp	Item/Location	Temp	
			/			
			/			
	1		/			
	1		/			
	1		/			
	1		/			
Item Iumber		BSERVATIONS AND CO	RRECTIVE AC	TIONS		

Populations Food Comics Charter Edd 6 d. Dule 10 -	the time frames specified below, or as stated in the	Georgia Department of	Public Health nules and
Regulations Food Service Chapter 511-6-1, Rule .10 st Stablishment RON AGE	Permit # 067-FSP-26837		Date 1/29/2023
ddress	City/State		Zip Code
l80 Financial Center Way Item	Buford	GA	30519
Number	OBSERVATIONS AND CORRECTIVE	ACTIONS	
omments:			
ote: All cold-holding items were in compliance unless of	therwise noted.		
Note: A THIRD CONSECUTIVE VIOLATION ON ITEM, C) WILL RESULT IN A PERMIT SUSPENSION.	4-1A: .04(4)(c)1(i)(ii)(iii)(v) (vi)(vii)(viii) - Packaged & Un	packaged Food Separat	ion, Packaging, and Segrega
oint inspection with EKM.			
or questions or comments please call 770-963-5132 or	visit www.gnrhealth.com		
ovenen in Chause (Cianatura)			11/20/2022
erson in Charge (Signature)		D	ate 11/29/2023