GEORGIA DEPARTMENT OF PUBL	IC HEAL	_TH			CURRENT SCORE	CURRENT GRAD	DE
Food Service Establishment Inspec				ſ			
Establishment Name: IRON AGE							
Address: 3480 Financial Center Way City: Buford Time In: 11:10 AM Time	Out	01:15 PM	Л	-			
Inspection Date: 02/28/2024			1				
Purpose of Inspection: Routine Follow-up O Compliant O			D	ate			
Preliminary O Other O	89	В	11/29	9/2023			
Risk Type: 1 () 2 () 3 () Permit#: 067-FSP-26837		_					
Risk Factors are important practices or procedures as the most	Prior Score	Grade		ate			
contributing factors in foodborne illness outbreaks. Public Health	N/A	N/A	05/04	4/2023			
Interventions are control measures to prevent illness or injury.					SCORING AND GRADING: A=9	90-100 B=80-89 C=70-79	U <u><</u> 69
FOODBORNE ILLNESS RISK FACT	TORS	AND PL	BLI	C HE	ALTH INTERVENTIONS	S	
(Mark designated compliance status (IN, OUT, NA, or NO) for each							
IN=in compliance OUT=not in compliance NO=not observed NA=not applicable	COS=0	-			nspection R=Repeat violation of	the same code provision=	
Compliance Status	COS R		omp	liance	Status		COS R
1 IN OUT NA NO Supervision	4 points		N OU	TNAN	O Cooking and Reheati		9 points
1-2A PIC present, demonstrates knowledge, performs duties 1-2B Certified Food Protection Manager					Consumer		00
Employee Health, Good Hygienic Practices,	00			$\langle \mathcal{S} \rangle$	5-1A Proper cooking time at 5-1B Proper reheating proc		0 0
2 IN OUT NA NO Preventing Contamination by Hands	O points				3-18 Proper remeating proc	edules for not notating	4 points
2-1A Proper use of restriction & exclusion	9 points				5-2 Consumer advisory pro	vided for raw and	
O 2-1B Hands clean and properly washed	0 0			0	undercooked foods	vided for farr effe	00
0.40 No beautiful and the second and					Holding of To	CS Foods,	
approved alternate method properly followed	0 0	6 11	4 on	T NA N	Date Marking o		9 points
	4 points			00	6-1A Proper cold holding to	mperatures	00
2-2A Management knowledge, responsibilities, reporting	9 0 0		\circ		6-1B Proper hot holding ter	nperatures	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				6-1C Proper cooling time a	nd temperature	00
2-2C No discharge from eyes, nose, and mouth	0 0			00	6-1D Time as a public heal	th control: procedures	00
2-2D Adequate handwashing facilities supplied & access bl					and records		0 0
2-2E Response procedures for vomiting & diarrheal event	ts O O						4 points
3 IN OUT NA NO Approved Source	9 points		OR STREET	THE OWNER OF THE OWNER,	6-2 Proper date marking an	7 - 2 - 3 - 4	00
3-1A Food obtained from approved source	00	_	1 OU	T NA N	O Highly Susceptib	le Populations	9 points
O O 3-1B Food received at proper temperature	0 0	I III			7-1 Pasteurized foods used	: Prohibited foods not	00
3-1C. Food in good condition, safe, and unadulterated	0 0				offered		
4 IN OUT NA NO Protection From Contamination	The State of the last			TNAN	8-2A Food additives: appro		4 points
O O 4-1A Food separated and protected	9 points	1 -		0	8-2B Toxic substances pro	MI SAS STREET TO SEE STREET	
A AD Desper dispersition of actument provinces and		1 1 1			used	beny identified, stored,	• 0
reconditioned, and unsafe food	00	9 11	N OU	TNAN	O Conformance with Ap	proved Procedures	4 points
	4 points				9-2 Compliance with varian		
4-2A Food stored covered 4-2B Food-contact surfaces: cleaned & sanitized	00				and HACCP plan		00
4-2B Food-contact surfaces: cleaned & sanitized	00			A di			
GOOD	RETAIL	PRACT	ICE	S			
(Mark the numbered item OUT, if not in compliance. For items marked OUT, ma							
Good Retail Practices are preventive measures to control	1 - 1 -		-			its into roods.	COS R
Compliance Status 10 OUT Safe Food and Water, Food Identification	COS R		OUT	nance	Status Proper Use of Ute	oneile	200
10 OUT Safe Food and Water, Food Identification O 10A. Pasteurized eggs used where required	3 points			14A In	-use utensils: properly stored		1 point
O 10B. Water and ice from approved source	00		ŏ		ensils, equipment and linens: proj		
O 10C. Variance obtained for specialized processing methods	00				ngle-use/single-service articles:	properly stored, used	00
O 10D. Food properly labeled; original container	00	45	O		loves used properly	and Manadiana	00
		15	OUT	151777 75	Outensils, Equipment and ood and nonfood-contact surf		1 point
11A Droppe cooling methods used; adequate equipment for	3 points	1	0		ly designed, constructed, and		00
temperature control	00		0	1	arewashing facilities: installed, m		00
O 11B. Plant food properly cooked for hot holding	00		0		onfood-contact surfaces clea		00
O 11C. Approved thawing methods used	00		OUT		Water, Plumbing an		2 points
O 11D. Thermometers provided and accurate 12 OUT Prevention of Food Contamination	O O	1	00		ot and cold water available; a lumbing installed; proper back		0 0
12A. Contamination prevented during food preparation, storage		1	ŏ		ewage and waste water prope		ŏŏ
display		17	OUT		Physical Facili	ties	1 point
O 12B. Personal cleanliness	00		0		oilet facilities: properly constru		00
O 12C. Wiping cloths: properly used and stored O 12D. Washing fruits and vegetables	00		0		arbage/refuse properly dispos hysical facilities installed, ma		00
13 OUT Postings and Compliance with Clean Air Act	1 point	1 1			dequate ventilation and lighting	The state of the s	ŏŏ
O 13A. Posted: Permit/Inspection/Choking Poster/Handwashing	00	18	OUT	and A. V	Pest and Animal C		3 points
O 13B. Compliance with Georgia Smoke Free Air Act	00		0	18. lns	ects, rodents, and animals no	t present	00
Person in Charge (Signature)	00	(Print)	aul		Date:	02/28/2024	
r craon in onarge (orginature)	1	(Fint)			Date.		
Inspector (Signature)		F	ollow-	up: Y	ES O NO ● Follow-u	p Date:	

Idress	Establishment IRON AGE Address 3480 Financial Center Way		337	Date 02/28/2024	
KU EINANCIALL ENIEL WAV			ity/State	Zip Code	
or mancial center way	V	TEMPERATURE OBSE	RVATIONS	GA 30519	9
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	1		/		
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Item lumber	O	BSERVATIONS AND C	ORRECTIVE AC	TIONS	

gulations Food Service Chapter 511-6-1, Rule .		
stablishment ON AGE	Permit # 067-FSP-26837	Date 02/28/2024
Idress 30 Financial Center Way	City/State Buford	GA Zip Code 30519
Item umber	OBSERVATIONS AND CORRECTIVE	ACTIONS
mments:		
te: All cold-holding and hot-holding items were in	compliance unless otherwise noted.	
te: The facility uses MSG and grenadine as addit	tives.	
te: Parasite destruction letter for shrimp and squi	id is in compliance.	
te: Ensure straws placed on the bar counter are	prewrapped to protect from possible contamination.	
te: Ensure tongs inside the lettuce pans are store	ed with the handle above the food.	
r questions or comments please call 770-963-513	32 or visit www.gnrhealth.com	
rson in Charge (Signature)		Date 02/28/2024
		E-m. 938
spector (Signature)		Date 02/28/2024