

GEORGIA DEPARTMENT OF PUBLIC HEALTH Food Service Establishment Inspection Report						CURRENT SCORE	CURRENT GRADE
Establishment Name: BOTTLES & BONES Address: 400 Buford Hwy NE City: Suwanee Time In: 02:52 PM Time Out: 04:46 PM Inspection Date: 11/22/2022 CFSM: Jennifer Sloan 21647036 01/26/2027 Purpose of Inspection: Routine <input checked="" type="radio"/> Follow-up <input type="radio"/> Compliant <input type="radio"/> Preliminary <input type="radio"/> Other <input type="radio"/> Risk Type: 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> Permit#: 067-FSP-26734 <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
<div style="display: flex; justify-content: space-between;"> <div> Last Score 100 Grade A Date 10/26/2021 </div> <div> Prior Score 92 Grade A Date 03/10/2020 </div> </div>						SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U≤69	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
(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.)							
IN=in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=Repeat violation of the same code provision=2 points							
Compliance Status						COS	R
1	IN	OUT	NA	NO	Supervision	4 points	
	<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"/>
2	IN	OUT	NA	NO	Employee Health, Good Hygienic Practices, Preventing Contamination by Hands	9 points	
	<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"/>
3	IN	OUT	NA	NO	Approved Source	9 points	
	<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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3-1D Required records: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>
4	IN	OUT	NA	NO	Protection From Contamination	9 points	
	<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"/>
5	IN	OUT	NA	NO	Cooking and Reheating of TCS Foods, Consumer Advisory	9 points	
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5-1A Proper cooking time and temperatures	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5-1B Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5-2 Consumer advisory provided for raw and undercooked foods	<input type="radio"/>	<input type="radio"/>
6	IN	OUT	NA	NO	Holding of TCS Foods, Date Marking of TCS Foods	9 points	
	<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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-1B Proper hot holding temperatures	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-1C Proper cooling time and temperature	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>
7	IN	OUT	NA	NO	Highly Susceptible Populations	9 points	
	<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"/>
8	IN	OUT	NA	NO	Chemicals	4 points	
	<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"/>
9	IN	OUT	NA	NO	Conformance with Approved Procedures	4 points	
	<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"/>
GOOD RETAIL PRACTICES							
(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R = Repeat Violation of the same code provision = 1 point)							
Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.							
Compliance Status						COS	R
10	OUT	Safe Food and Water, Food Identification				3 points	
	<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"/>
11	OUT	Food Temperature Control				3 points	
	<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"/>
12	OUT	Prevention of Food Contamination				3 points	
	<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"/>
13	OUT	Postings and Compliance with Clean Air Act				1 point	
	<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"/>
14	OUT	Proper Use of Utensils				1 point	
	<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"/>
15	OUT	Utensils, Equipment and Vending				1 point	
	<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"/>
16	OUT	Water, Plumbing and Waste				2 points	
	<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"/>
17	OUT	Physical Facilities				1 point	
	<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"/>
18	OUT	Pest and Animal Control				3 points	
	<input type="radio"/>	18. Insects, rodents, and animals not present				<input type="radio"/>	<input type="radio"/>
Person in Charge (Signature) _____ (Print) Jennifer						Date: 11/22/2022	
Inspector (Signature) <i>may</i>						Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> Follow-up Date: _____	

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Establishment BOTTLES & BONES	Permit # 067-FSP-26734	Date 11/22/2022
Address 400 Buford Hwy NE	City/State Suwanee GA	Zip Code 30024

[illegible][illegible]

Date 11/22/2022

Date 11/22/2022

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).

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Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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Comments:

NOTE: All cold and hot held temperatures were in compliance unless otherwise noted.

NOTE: Drink syrups are used at this facility.

NOTE: Questions? Please visit www.gnrhealth.com

Person in Charge (Signature)	Date 11/22/2022
Inspector (Signature) 	Date 11/22/2022