GEORGIA DEPARTMENT OF PUBLIFICATION Food Service Establishment Inspect							CURRENT SC	ORE	CURRENT GRAD	Œ
Establishment Name: ASHTON MANOR AT SUGARI Address: 1155 Lawrenceville Hwy	_OAF	F				-				
DUPARIMENTA	ARIMENTA									
Inspection Date: 09/11/2023 CFSM: Nicola Gordon 19639				_	Date	_			Λ	
Purpose of Inspection: Routine O Follow-up Compliant O				00	Date		yr			
Preliminary ○ Other ○ Risk Type: 1 ○ 2 ■ 3 ○ Permit#: 067-FSP-26606	64	4	U	09/	/01/20	023				
	Prior S	core	Grade	+	Date	$\neg$				
contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.	N/	Ά	N/A	02	2/03/20	1000	CORING AND GRADII	NG: A=90-10	00 B=80-89 C=70-79	U <u>&lt;</u> 69
FOODBORNE ILLNESS RISK FACT (Mark designated compliance status (IN, OUT, NA, or NO) for each									icable.)	
IN=in compliance OUT=not in compliance NO=not observed NA=not applicable	11555	T	7 1					violation of the	same code provision=	
Compliance Status	cos	-		om	iplia	nce S	Status Cooking and	Pohoating (	of TCS Foods	COS R
1 IN OUT NA NO Supervision 1-2A PIC present, demonstrates knowledge, performs duties		oints		N O	1 TU	NA NO		nsumer Adv	of TCS Foods,	9 points
1-2B Certified Food Protection Manager	_	ŏ	_	) (	0 (		5-1A Proper cooki			00
Employee Health, Good Hygienic Practices				Ď Č	Ŏ	=		-	res for hot holding	00
2 IN OUT NA NO  Preventing Contamination by Hands	9 p	oints								4 points
2-1A Proper use of restriction & exclusion	0		- 1	7	0		5-2 Consumer adv		ed for raw and	00
O 2-1B Hands clean and properly washed	0	0		9	9		undercooked food			0 0
O O 2-1C No bare hand contact with ready-to-eat foods or	0	0	6	N O	TUC	NA NO		ing of TCS		
approved alternate method properly followed							6-1A Proper cold I	arking of TO	DOMESTIC OF THE PERSON NAMED IN COLUMN 1	9 points
2-2A Management knowledge, responsibilities, reporting		oints	1 1	5 2	$\prec$		6-18 Proper bot he			00
2-2A Management knowledge, responsibilities, reporting     2-2B Proper eating, tasting, drinking, or tobacco use	ő	-	4 1 1-3	5 8	$\preceq$		6-1C Proper coolin		- Control of the Control	00
2-2C No discharge from eyes, nose, and mouth	ŏ	_					6-1D Time as a pu	blic health c	ontrol: procedures	
2-2D Adequate handwashing facilities supplied & access ble	-	0	- 1	) (			and records		ondon proceedings	0 0
2-2E Response procedures for vomiting & diarrheal events	-	0	-							4 points
3 IN OUT NA NO Approved Source	9 p	oints			0 (	OC	6-2 Proper date m	arking and d	isposition	00
3-1A Food obtained from approved source	0	0	-	N O	1 TU	NA NO	Highly S	usceptible P	opulations	9 points
O O 3-1B Food received at proper temperature	0	-	I I I I I I I I I I I I I I I I I I		0	$\overline{}$	7-1 Pasteurized fo	ods used: Pr	rohibited foods not	00
3-1C. Food in good condition, safe, and unadulterated	0	_					offered			0
O O 3-1D Required records: shellstock tags, parasite destruction	11	0				NA NO		Chemicals		4 points
4 IN OUT NA NO Protection From Contamination O O 4-1A Food separated and protected		Oints			$\frac{1}{2}$	_			y identified, stored,	00
4-1B Proper disposition of returned, previously served,	0						used	18097		00
reconditioned, and unsafe food		Series 1	a	и о	TUC	NO AN	and the second s		ved Procedures	4 points
4-2A Food stored covered	_	oints		$\supset  C $	$\circ$		9-2 Compliance w and HACCP plan	ith variance,	specialized process	00
4-2A Food stored covered     4-2B Food-contact surfaces: cleaned & sanitized	0	_	-				and nacci plan			
GOOD F	_			TIC	FS					_
(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark	k COS	Sorl	R for each	item	as app					
Good Retail Practices are preventive measures to control t	he ir	ntroc						ical objects in	nto foods.	
Compliance Status	cos	R	1	-	•	nce S	Status	F 114		COS R
10 OUT Safe Food and Water, Food Identification O 10A. Pasteurized eggs used where required		oints		OL		A In I	use utensils: proper	se of Utens	ils	1 point
O 10A. Pasteurized eggs used where required O 10B. Water and ice from approved source	8	0	1	0				11.5	stored, dried, handled	00
O 10C. Variance obtained for specialized processing methods	0	0	1	C	) 14	C. Sing	gle-use/single-service	e articles: prop		00
O 10D. Food properly labeled; original container	0	0	15	OL		D. Glo	oves used properly		/andina	00
11 OUT Food Temperature Control	2.0	ointe			4.5	A For	Utensils, Equi od and nonfood-cor			1 point
11A Droppe cooling methods used; adequate aguinment for		oints	1	C			designed, construc		The state of the s	0 0
temperature control	0		]	C	15	B. War	ewashing facilities: in	stalled, mainta	ained, used; test strips	00
O 11B. Plant food properly cooked for hot holding	0		1	C		C. No	nfood-contact surfa			00
11C. Approved thawing methods used     11D. Thermometers provided and accurate	0	00	-	OL		A Ho	t and cold water av	nbing and W		2 points
12 OUT Prevention of Food Contamination	1000	oints	1 1	č			mbing installed; pr			ŏŏ
O 12A. Contamination prevented during food preparation, storage,		1	1	C	_		wage and waste wa	ater properly	disposed	ŏŏ
display			17	OL		/A = -		al Facilities		1 point
O 12B. Personal cleanliness O 12C. Wiping cloths: properly used and stored	0	_		2					d, supplied, cleaned facilities maintained	00
O 12C. Wiping cloths, properly used and stored O 12D. Washing fruits and vegetables	ŏ			Č			ysical facilities inst			ŏŏ
13 OUT Postings and Compliance with Clean Air Act		oint	1 1	Č					signated areas used	ŏ ŏ
13A. Posted: Permit/Inspection/Choking Poster/Handwashing		0	18	OL	JT		Pest and	Animal Con	trol	3 points
O 13B. Compliance with Georgia Smoke Free Air Act	0	0		C	)  18	. Inse	cts, rodents, and ar	nimals not pr	esent	00
Person in Charge (Signature)		(	Print)	licol	a Go	rdon		Date: 09/1	.1/2023	
Inspector (Signature)			F	ollo	w-up	: YE	s O NO ●	Follow-up D	Date: 09/11/2023	

		ections (2)(h) and (i). Permit #		Date		
Establishment ASHTON MANOR AT SUGARLOAF		067-FSP-266		09/11/2023		
<b>ddress</b> .55 Lawrenceville Hwy			ity/State wrenceville	GA 300	<b>Code</b> 046	
	· ·	TEMPERATURE OBSE	RVATIONS			
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
	/		/			
			/			
Item						
umber	0	BSERVATIONS AND C	ORRECTIVE AC	TIONS		
rson in Charge (Signature)				Date 09/11/202	23	

olations cited in this report must be corrected within egulations Food Service Chapter 511-6-1, Rule .10 su	the time frames specified below, or as stated in the Cobsections (2)(h) and (i).	aeorgia Department of Public Health Rules and
stablishment SHTON MANOR AT SUGARLOAF	Permit # 067-FSP-26606	<b>Date</b> 09/11/2023
<b>Idress</b> 55 Lawrenceville Hwy	City/State Lawrenceville	GA Zip Code 30046
Item	OBSERVATIONS AND CORRECTIVE A	
mments:		
	and Nila Island Island III and all and a state of the sta	
ote: all cold-holding in compliance unless noted otherwisote: facility uses additives such as flavorings, extracts, a uestions/comments? 770-963-5132 or gnrhealth.com		
erson in Charge (Signature)		Date 09/11/2023
		Sect. 5/81
spector (Signature)		Date 09/11/2023