	CHINNED	GEORGIA DEPARTMENT OF PURI I	СН	FΔI	TH				CURRENT SCORE	CURRENT GRAD	)F	
GEORGIA DEPARTMENT OF PUBLIC HE Food Service Establishment Inspection Re									CURRENT SCORE	CORRENT GRAL	JE	
Establishment Name: ROCKIN JUMP												
COUNTY HEALTH Address: 3520 Gravel Springs Rd												
City: Buford Time In: 02:30 PM Time Out: 06:00 PM												
VIC 10 4		Date: 04/20/2022			- 1	_						
Purp	ose of	of Inspection: Routine Follow-up O Compliant O		core	Grade		Da	ite				
Preliminary O Other O				3	Α	1	.0/21/	2020				
Risk Type: 1 () 2 ( ) 3 ( ) Permit#: 067-FS-12272			des F		C d-							
F	Risk F	actors are important practices or procedures as the most	rior S		Grade		Da	ite:				
		uting factors in foodborne illness outbreaks. Public Health	N/	Α	N/A	<b>\</b>   <u>:</u>	10/15	/2019 🕍				
	Interve	ventions are control measures to prevent illness or injury.						s	CORING AND GRADING: A=90	0-100 B=80-89 C=70-79	U <u>&lt;</u> 6	9
		FOODBORNE ILLNESS RISK FACT										
		(Mark designated compliance status (IN, OUT, NA, or NO) for each n								TATAL MANAGEMENT OF THE PARTY O		and the same
						_			spection R=Repeat violation of		cos	$\overline{}$
		iance Status NA NO Supervision	cos	-		CO	mpi	iance S	Cooking and Reheatin		cos	K
	001	NA NO Supervision  1-2A PIC present, demonstrates knowledge, performs duties		Oints	5	IN	OUT	NA NO	Consumer A		9 poi	ints
×	Ö	1-28 Certified Food Protection Manager	_	ŏ			$\circ$		5-1A Proper cooking time ar		0	0
		Employee Health, Good Hygienic Practices				റ്	X		5-1B Proper reheating proce		ŏ	
2 IN	OUT	NA NO Preventing Contamination by Hands	9 0	oints		_	_		o to the point of todaing proces	Address to Hotel Holding	4 po	VI IIV
	0	2-1A Proper use of restriction & exclusion		0		$\overline{}$	_		5-2 Consumer advisory prov	rided for raw and		
Ŏ	Ŏ	O 2-1B Hands clean and properly washed	0			$\circ$	O		undercooked foods		0	O
	0	O 2-1C No bare hand contact with ready-to-eat foods or	_	0		181	OUT	NA NO	Holding of TC	S Foods,		
		approved alternate method properly followed	U	0	6	IN	001	NA NO	Date Marking of		9 po	ints
			4 pc	oints			0	00	6-1A Proper cold holding ter	mperatures	_	0
О		2-2A Management knowledge, responsibilities, reporting	•	0		$\circ$	0		6-1B Proper hot holding tem	peratures	0	0
	8	2-2B Proper eating, tasting, drinking, or tobacco use	0	0		0	0		6-1C Proper cooling time an	d temperature	0	0
	Q	2-2C No discharge from eyes, nose, and mouth	0	-		$\circ$	$\circ$		6-1D Time as a public healt	h control: procedures	0	0
Q		2-2D Adequate handwashing facilities supplied & access ble	-	0		$\overline{}$	$\cup$		and records			~
	O	2-2E Response procedures for vomiting & diarrheal events	0	0	<u> </u>	_					4 po	
3 IN	OUT	NA NO Approved Source		oints		$\circ$	THE OWNER OF THE OWNER, THE OWNER	THE RESERVE AND ADDRESS OF	6-2 Proper date marking and		0	0
	Q	3-1A Food obtained from approved source		0	7	IN	OUT	NA NO	Highly Susceptible	e Populations	9 po	ints
$\odot$	Q	3-1B Food received at proper temperature	0	-		$\circ$	0		7-1 Pasteurized foods used:	Prohibited foods not	0	0
$\sim$		3-1C. Food in good condition, safe, and unadulterated		0				,	offered		_	
	OUT	3-1D Required records: shellstock tags, parasite destruction		0				NA NO	- Sanguativa	ATRICE CO.	4 po	
		NA NO Protection From Contamination  O 4-1A Food separated and protected		Oints		O	0		8-2A Food additives: approv	MI SAN I THAN STREET BOOK OF THE	0	U
		4 4D Desper dispersition of estumed provincely comed				0			8-2B Toxic substances propused	erly identified, stored,	•	0
	0	reconditioned, and unsafe food	0	0	9	IM	OUT	NA NO		proved Procedures	4 po	inte
			4 pc	oints					9-2 Compliance with variance			
	0	4-2A Food stored covered	_	0		$\circ$	0		and HACCP plan	o, opeoiding process	0	0
Ŏ		4-2B Food-contact surfaces: cleaned & sanitized		0					<u>.</u>			
		GOOD R	ET	AIL	PRAC	TI	CES					
	(M	Mark the numbered item OUT, if not in compliance. For items marked OUT, mark										
	••	Good Retail Practices are preventive measures to control the		1		-				s into foods.	I SOUT	1223
	-	iance Status	cos		1	-	-	iance (	17, 10, 10, 10, 10, 10		cos	
10	OUT			oints			TUC	14A In	Proper Use of Ute use utensils: properly stored	nsils		oint
	and the second	10A. Pasteurized eggs used where required 10B. Water and ice from approved source	ŏ	00					nsils, equipment and linens: prop	erly stored dried handled		00
		10C. Variance obtained for specialized processing methods	ŏ	ŏ	1				gle-use/single-service articles: p		ŏ	
	0	10D. Food properly labeled; original container	0					14D. Gl	oves used properly		0	
			_	_	15	C	TUC		Utensils, Equipment an		1 po	oint
11	OUT		3 pc	oints					od and nonfood-contact surfa	The state of the s	0	0
	0	11A. Proper cooling methods used: adequate equipment for temperature control	0	0			_		designed, constructed, and rewashing facilities: installed, ma		0	0
	0	11B. Plant food properly cooked for hot holding	0	0	1				onfood-contact surfaces clear			ŏ
	-	11C. Approved thawing methods used	0		16	C	TUC		Water, Plumbing and		2 poi	ints
		11D. Thermometers provided and accurate	0	0					t and cold water available; ac			ŏ
12	OUT		3 pc	oints		H			umbing installed; proper back		-	0
	0	<ol> <li>Contamination prevented during food preparation, storage, display</li> </ol>	0	0	17	C	DUT	100. 56	wage and waste water prope Physical Facilit			O
	0	12B. Personal cleanliness	0	0		_		17A. To	ilet facilities: properly construc			0
	0	12C. Wiping cloths: properly used and stored	0	0			0	17B. Ga	rbage/refuse properly dispose	ed; facilities maintained	0	0
22	O	12D. Washing fruits and vegetables	0				-		ysical facilities installed, mair	TO THE TAXABLE PARTY OF THE PAR	Ö	ŏ
13	OUT	Postings and Compliance with Clean Air Act  13A. Posted: Permit/Inspection/Choking Poster/Handwashing	1 p	Oint	18		DUT	I/D. Ad	equate ventilation and lighting; Pest and Animal C		0	
		13B. Compliance with Georgia Smoke Free Air Act	Contract Con	ŏ	10	_	-	18. Inse	cts, rodents, and animals not	CONTRACTOR OF THE PROPERTY OF	3 po	
1250	0 200											
Perso	ı in C	Charge (Signature)		(	Print)	вуr	on K	ıng	Date:0	4/20/2022		
Inspec	tor (S	Signature)				Foll	low-u	ıp: YE	s ● NO O Follow-uj	p Date: 04/20/2022		
		SMA EHS						-	ALEKKE MACH			

Food Service I	Establishn	nent Inspection F	Report Ad	ldendum	Page 2	of <u>4</u>
Violations cited in this report must be Regulations Food Service Chapter 5		sections (2)(h) and (i).	or as stated in the	Georgia Departmen		h Rules and
Establishment ROCKIN JUMP		<b>Permit #</b> 067-FS-1227	72		<b>Date</b> 04/20/2022	
Address 3520 Gravel Springs Rd		C	ity/State uford	GA	<b>Zip (</b> 30519	Code
		TEMPERATURE OBSE		<b>37</b> (	00010	
Item/Location	Temp	Item/Location	Temp	Item/l	_ocation	Temp
1	1		88858888	1		
1	1			1		
1	1			1		
1	1			1		
1	1			/		
1	1			1		
1	1			/		
1	1			/		
Item Number		DBSERVATIONS AND C	ORRECTIVE	ACTIONS		
1-2A: .03(2)(a)-(l), (n) COS Active Mealth requirements, hand sink water marking, chemical sanitizer requirements Corrected some of the violations. // It within their facility. (Pf)	requirement, food in ents (amongst other g	good condition, body fluid cleanup, lood retail practices) were observed	food protected from today. PIC unable	m contamination, cle e to list food allergens	aning and sanitizing & symptoms. Tra	ng, date aining provided.
2-2A: .03(2)(m) COS Facility has not Health Reporting Agreement signed d report to the person in charge informa	luring inspection. // Fo	ood employees and conditional em	ployees shall be int	formed in a verifiable	e manner of their r	
2-2A: .03(1)(c)2,3,17 COS PIC unab reporting requirements). Training provious transmission of foodborne disease by associated with the diseases that are reporting responsibilities and exclusion	rided. Employee healt a food employee who transmissible through	th poster hanging in kitchen. // Person has a disease or medical condition food. They also shall be able to expression to expression in the same to expression in the same in	son in charge shall on that may cause f	explain their respons oodborne disease a	sibility for preventi nd can describe th	ng the ne symptoms
2-2D: .06(2)(c) Correct By: 04/30/202 handwashing sink shall be equipped t				•		,
3-1C: .04(3)(e) COS Facility had only protect the integrity of the contents so		•	•		all be in good con	dition and
4-2B: .05(7)(a)1 COS Food/debris er	ncrusted on utensils,	pans stored clean. // Equipment fo	od-contact surface	s and utensils shall b	oe clean to sight a	nd touch. (Pf)
4-2B: .05(7)(b) (Repeat) COS Mold-li cleaned at appropriate times and often					food-contact surfa	aces must be
6-2: .04(6)(g) Correct By: 04/29/2022 week.	2 Food held > 24 hou	rs in the walkin cooler was not date	marked: hot dogs	, cheese slices, pizza	a. PIC said they w	ere opened last
(Reminder: Date mark opened package prepared and held in a food establishmused/discarded for a maximum of 7 dates	ment for more than 24	4-hours shall be clearly marked to i	ndicate the date of	•		
8-2B: .07(6)(g) COS Quat sanitizer u Sanitizer changed. // Chemical sanitiz ammonia). (P)						
14C: .05(10)(e)1&3 Correct By: 04/2 articles shall be stored in a clean, dry kept in the original protective package	location, where they	are not exposed to splash, dust or	other contamination	n, and at least 6 inch		
15B: .05(3)(h),(i) Correct By: 04/30/2 concentration in mg/L (or ppm) of san			machine. // A test	t kit or other device tl	nat accurately mea	asures the
15B: .05(6)(d),(e) Correct By: 04/30/2	2022 Facility does no	t have chlorine sanitizer onsite for	their dish machine.	// A warewashing m	nachine and its au	xiliary
Person in Charge (Signature)					Date 04/20/2022	
Inspector (Signature)					Date 04/20/2022	

Food Service Estab	blishment Inspection Report Ad	ldendum Page 3 of 4
Violations cited in this report must be correct Regulations Food Service Chapter 511-6-1, Re	ted within the time frames specified below, or as stated in the rule .10 subsections (2)(h) and (i).	Georgia Department of Public Health Rules and
Establishment ROCKIN JUMP	<b>Permit #</b> 067-FS-12272	<b>Date</b> 04/20/2022
<b>Address</b> 3520 Gravel Springs Rd	City/State Buford	GA Zip Code 30519
Item Number	OBSERVATIONS AND CORRECTIVE	ACTIONS
	vith the machine's data plate and other manufacturer's instruction	s. (C)
16B: .06(2)(r) Correct By: 04/30/2022 Leak at	t the dish sink faucet. // A plumbing system shall be repaired acco	ording to law; (P) and maintained in good repair. (C)
Person in Charge (Signature)		Date 04/20/2022
Inspector (Signature)		Date 04/20/2022

iolations cited in this report must be corrected withit Regulations Food Service Chapter 511-6-1, Rule .10 s	ment Inspection Report Adde in the time frames specified below, or as stated in the Geor subsections (2)(h) and (i).	11 Form 1 6267 62 Mon-\$147 8317 8511 F.W. 647 647 99
Stablishment ROCKIN JUMP	<b>Permit #</b> 067-FS-12272	<b>Date</b> 04/20/2022
Address 520 Gravel Springs Rd	City/State Buford	GA Zip Code 30519
Item	OBSERVATIONS AND CORRECTIVE AC	
Number Comments:		
vww.gnrhealth.com * dph.georgia.gov/food-service * QU	JESTIONS? 770-963-5132	
JNSATISFACTORY SCORES, REPEAT VIOLATIONS A	AND UNCORRECTED VIOLATIONS MAY RESULT IN PERMI	T SUSPENSION.
Follow-up inspection within 10 days. *Required additional routine inspection within the next 1 Facilities must earn a passing score of 80 or above on		
Food held at required hot & cold temperatures unless ot All equipment must be NSF commercial equipment. The most current graded inspection report shall be pos		
•	03/08/2022.  nroll in an approved food safety training course, pass an approsure suspended shall not be posted in the food service establishme	
	s not an approved area for food, equipment, utensils, single-us oors to prevent pest entry.	
Person in Charge (Signature)		Date 04/20/2022