	acinnes.		CEODOIA DEDADIMENT OF DUD	10.11	EAL	TH				CURRENT SCORE	CURRENT ORAL	0.5	
	-	· ·	GEORGIA DEPARTMENT OF PUBI Food Service Establishment Inspec							CURRENT SCORE	CURRENT GRAI	JE	
Say.			Name: HUSKERS CAFE		· · · ·								
COL	NTY HEA	M Address: 3255	Lawrenceville-Suwanee Rd										
City:	Su	N.		e Out	t: _	03:1	.5 PM						
		Date: 03/24/2023	CFSM: Carl Smith 2222360										
275 to 45		Inspection: Routing					rade	Da	te	V h			
Prelin		The same of the sa			6		В	01/23/	2023				
		1 0 2 0 3 0	Permit#: 067-FS-12672				_						
				Prior S	core	G	rade	Da	te				
			ices or procedures as the most illness outbreaks. Public Health	8	\cap		В	10/25/	/2022				
			res to prevent illness or injury.	O	O			10/25/	1	CORING AND GRADING: A=	90-100 B=80-89 C=70-79	1146	29
				TOF	10	ANIE) DII	DI IO				0.50	,,,
			BORNE ILLNESS RISK FAC ompliance status (IN, OUT, NA, or NO) for each										
IN=in co	mnlia		NO=not observed NA=not applicable							spection R=Repeat violation of		-2 noi	inte
		ance Status	NO-not observed NA-not applicable	cos		T	_		iance S		in the same code provision	cos	
		NA NO	Supervision		oints	-	- [200	1	Town Inc.	Cooking and Reheat	ing of TCS Foods.	1	
	0	iomitional .	demonstrates knowledge, performs duties		0		5 IN	OUT	NA NO	Consumer		9 poi	ints
ă	ŏ	_	od Protection Manager		O					5-1A Proper cooking time		0	0
			lealth, Good Hygienic Practices,			4	\simeq	X	$\Delta \overline{\Delta}$	5-1B Proper reheating pro		ŏ	
2 IN	OUT	NA NO	ing Contamination by Hands		and the same	.			O	o 1B 1 Toper Terreating pro-	bedules for flor floraling	No.	VI 10
		- ANNOUNCE	of restriction & exclusion		Oint	_		1_		5-2 Consumer advisory pro	wided for raw and	4 poi	
	X			ŏ					0	undercooked foods	ovided for raw and	0	0
	0	2-16 Hands clear	and properly washed	-		4					CC Foods		
	0	O O 2-10 No bare nan	nd contact with ready-to-eat foods or the method properly followed	0	0		6 IN	OUT	NA NO	Holding of T			
		approved alternat	e metriod property followed	West.	-				00	Date Marking of		9 poi	
		2.24 Managaman	t knowledge responsibilities reporte		oint	_		\times		6-1A Proper cold holding to			0
	0000		nt knowledge, responsibilities, report n	-	0			\mathbb{Z}		6-1B Proper hot holding te	ACT & Transport Control of the Contr	0	_
	X		g, tasting, drinking, or tobacco use	0	_		U	U		6-1C Proper cooling time a		0	U
	\aleph		e from eyes, nose, and mouth	0	_	ine	0		00	6-1D Time as a public hea	Ith control: procedures	•	0
	\aleph		ndwashing facilities supplied & access bl		0					and records			
	ALCOHOL: N		ocedures for vomiting & diarrheal even	100	Charles .	-			00			4 po	
3 IN	OUT	NA NO	Approved Source		oint		MATERIAL PROPERTY.	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Own	Name and Address of the Owner, where	6-2 Proper date marking a	7 1 2 3 3 3	0	O
	Ø		ed from approved source		0		7 IN	OUT	NA NO	Highly Susceptib	ole Populations	9 po	ints
Q	Q	<u> </u>	ed at proper temperature	0				0		7-1 Pasteurized foods use	d: Prohibited foods not	0	0
	Q		od condition, safe, and unadulterated		0					offered		_	_
O	O	NAME OF TAXABLE PARTY.	ords: shellstock tags, parasite destructio	n O	0				NA NO	- Statistical Control of the Control	A STATE OF THE STA	4 po	
			ction From Contamination		oint	_		0	O	8-2A Food additives: appro	UT CAN THE STATE OF THE STATE O	0	O
	O	O 4-1A Food separa	Secretary and the secretary and a secretary and	0	0	4		0		8-2B Toxic substances pro	perly identified, stored,	0	0
	0		osition of returned, previously served,	0	0					used	Name of the Owner		
1 200		reconditioned, an	d unsafe food				9 IN	OUT	NA NO			4 po	ints
				_	oint	_		0		9-2 Compliance with varian	nce, specialized process	0	0
	8	4-2A Food stored	I GEACH IN RECITACION TO	0	_	_		_		and HACCP plan			
	O	4-2B Food-contac	t surfaces: cleaned & sanitized	_	0								
			GOOD										
	(M		not in compliance. For items marked OUT, ma es are preventive measures to control										
	mnli		es are preventive measures to contion	cos	-1	T					cts into roods.	000	
	-	ance Status	110/			+		-	iance S	17, 17, 11, 11, 11, 11, 11, 11, 11, 11,	la maile	cos	
10	OUT	10A. Pasteurized eggs us	d Water, Food Identification		ointe		14	OUT	144 In-	Proper Use of Ut use utensils: properly stored			oint
	ŏ	10B. Water and ice from		ŏ			-			nsils, equipment and linens: pro			
	ŏ		or specialized processing methods	ŏ	ŏ	1 1				gle-use/single-service articles:		ŏ	
										oves used properly		Ŏ	
	0	10D. Food properly labels	ed; original container	0	0	'	15	OUT		Utensils, Equipment a	nd Vending	-	oint
11	OUT	Food T	Temperature Control	3 p	oint	s		0	15A. Fo	od and nonfood-contact sur	faces cleanable,	0	0
	0	11A. Proper cooling meth	ods used: adequate equipment for	0	0			, F	properly	designed, constructed, and	used		
	10000	temperature control		1.55		1 1				rewashing facilities: installed, n			
	Ö	11B. Plant food properly		9			40		15C. No	nfood-contact surfaces clea		_	0
	-	11C. Approved thawing noting the second of the second o		0	00		16	OUT	16A Ho	Water, Plumbing ar t and cold water available; a		2 poi	O
12	OUT		of Food Contamination		oints	1 1	-	-		imbing installed; proper bac			ŏ
12			ented during food preparation, storage			1 L	+			wage and waste water prop			ŏ
	0	display		, 0	0	ן וי	17	OUT		Physical Facil			oint
	•	12B. Personal cleanlines:			_					let facilities: properly constru	ucted, supplied, cleaned	0	0
	0	12C. Wiping cloths: prope		0	-					rbage/refuse properly dispos		0	
4.4	0	12D. Washing fruits and	The latest the second of the s			4				ysical facilities installed, ma		0	Ö
13	OUT		ompliance with Clean Air Act		point		18	U	I/D. Ade	equate ventilation and lighting Pest and Animal		0	
	0		ection/Choking Poster/Handwashing orgia Smoke Free Air Act	0	00		10	OUT	18. Inse	cts, rodents, and animals no		3 poi	O
		Januariae milit Oc				<u> </u>							
Persor	in C	narge (Signature)				(Print)	Gr	egory		Date:	03/24/2023		
W.	21 m - 0x2						20		YE	s O NO E -			
Inspec	tor (S	ignature)	KLA EHS				Fo	llow-u	ıp: ·-	Follow-	up Date:		

Regulations Food Service Chapter 511		hin the time frames specified below, or a subsections (2)(h) and (i).	s stated in the	e Georgia Department of Public Healtl	Rules and				
Establishment HUSKERS CAFE		Permit # 067-FS-12672		Date 03/24/2023					
Address 3255 Lawrenceville-Suwanee Rd		1.55	/State	GA 30024					
Suwanee GA 30024 TEMPERATURE OBSERVATIONS									
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp				
hermopen / Calibration	32	Delta Trak / Calibration	32	Ambient Air Temperature / display prep coole	38.8				
Whipped Cream (less than 4 hours) / display	43	Non Crispy Bacon (cooked from raw) (less than 2	126	Bacon (2nd reheat) / grill	211				
Apple Cobbler (more than 2 hours) / hot hold unit	128	1		/					
		1							
		1		1					
		1		<i>I</i>					
		1		1					
		1		1					
Item		OBSERVATIONS AND COR	DEATIVE	- A OTIONO					
 the food items shall be labeled with a foods not consumed before the discard when combining ingredients, the start 	start and discard time shall be discard time f	e discarded; (P) for the foods shall reflect the start/discard ti	me of the earli	iest ingredient placed on time control; {F)				
2) the food items shall be labeled with a (3) foods not consumed before the discard) when combining ingredients, the start (5) food in unmarked containers or packard) written procedures TPHC shall be created (4) (2) (2) (2) (3) (3) (3) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	start and discard time shall be discard time fages, or marked attending advanged on, observed expelry on their attending the cut lemons in	ard time, not to exceed 4 hours; (Pf) e discarded; (P) for the foods shall reflect the start/discard ti ed to exceed a 4-hour limit shall be discarde ce and made available upon the Health Aut employee handling food while wearing brace arms and hands while preparing food (exce the raw shrimp container with the produce	me of the earlied; (P) chorities reque elets. Employe pt for a plain ri	est. (Pf) ee removed bracelets. Food employees ing such as a wedding band). (C) the exterior of the lemon. Container of	may not wear				
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Person in Charge (Signature)

Date 03/24/2023



stablishment JSKERS CAFE	Permit # 067-FS-12672	Date 03/24/2023
ddress 55 Lawrenceville-Suwanee Rd	City/State Suwanee	GA Zip Code 30024
Item	OBSERVATIONS AND CORRECTIVE A	
mments:		
OTE: All cold holding and hot holding temperatures in o	compliance, unless noted.	
TE: Facility uses Mexican vanilla blend.		
TE: Ensure all seasonings and sauces removed from	the original container are labeled.	
TE: Ensure dishes and utensils are discarded if they	are no longer smooth, durable, or easily cleanable.	
nd consecutive REPEAT violation on a routine inspection SPENSION.**	tion for 12D and 14A. 3 consecutive REPEAT violations on	a routine inspection may result in food service per
oday's inspection is a required additional routine inspe	ection.**	
estions? 770-963-5132 or www.gnrhealth.com		
roon in Charge (Cianature)		Date 03/24/2023
rson in Charge (Signature)		Date 03/24/2023