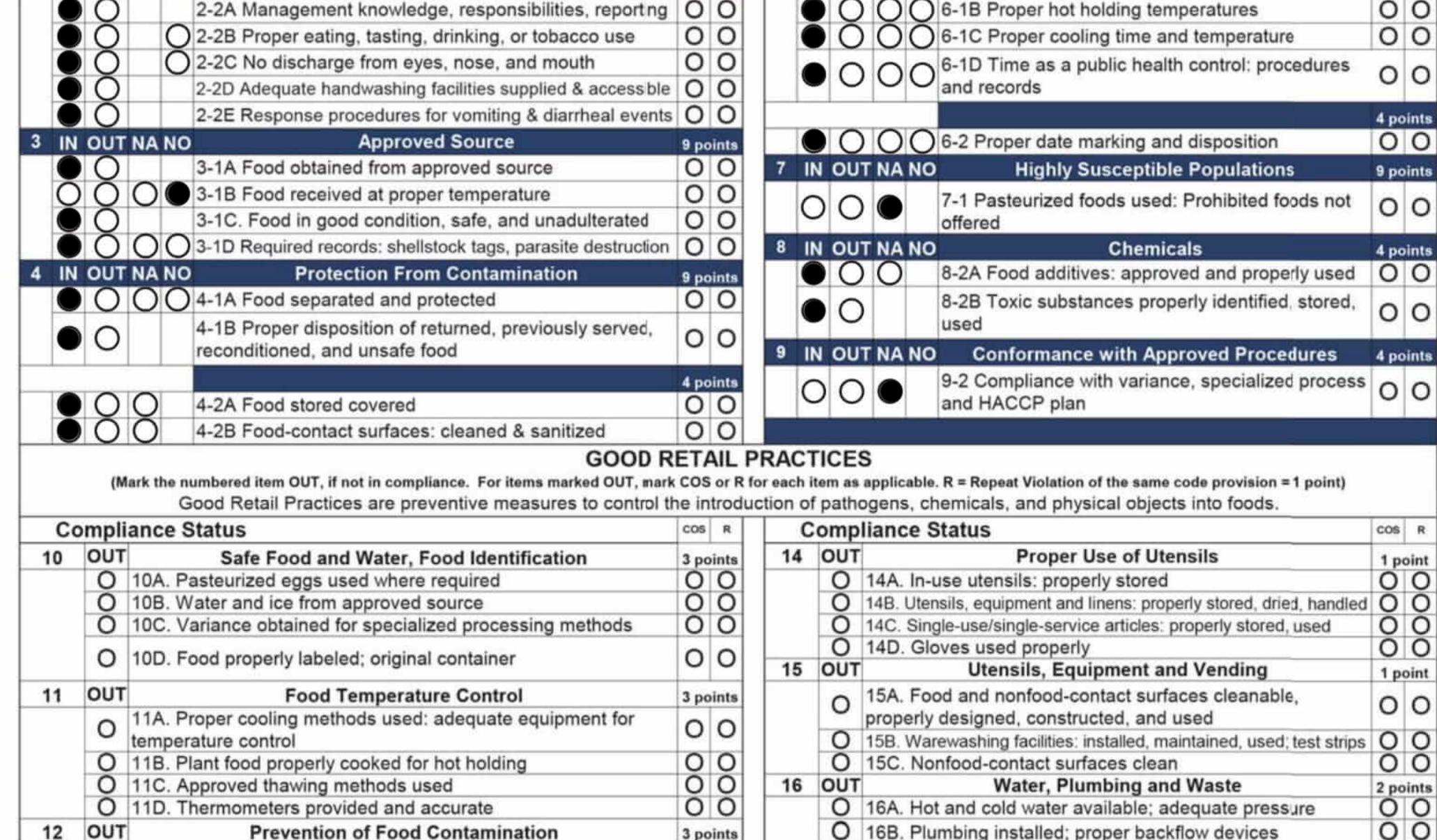
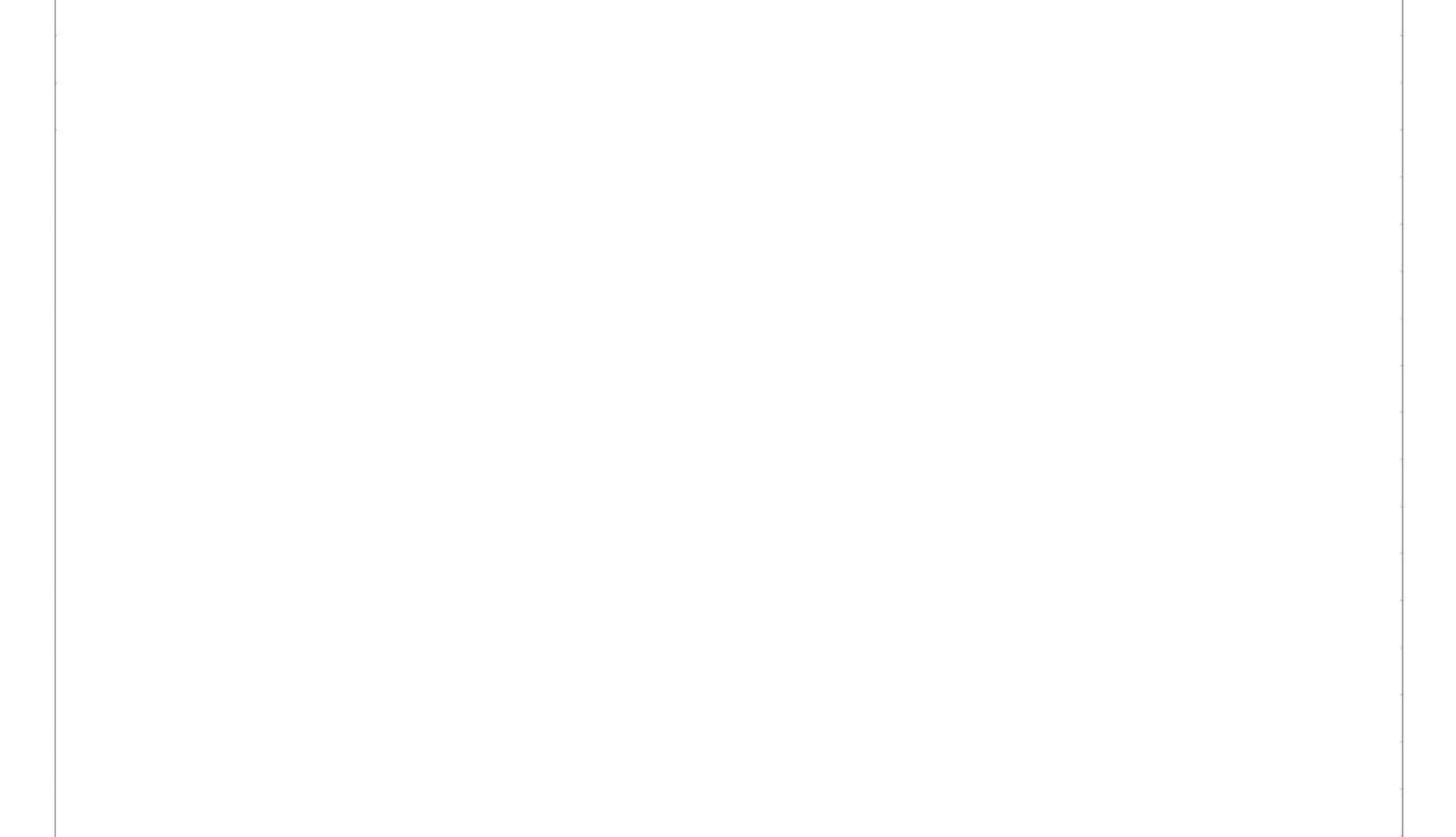
Page 1 of 3

GEORGIA DEPARTMENT O Food Service Establishment Establishment Name: BOTTLES & BONES Address: 400 Buford Hwy NE City: Suwanee Time In: 04:18 PM	t Inspection Repo	ort 06:19	PM		CURRENT SCORE	CURRENT GRA	DE
Inspection Date: 10/26/2021 CFSM: _John Soilis 19 Purpose of Inspection: Routine Follow-up O Comple Preliminary O Other O Risk Type: 1 O 2 O 3 O Permit#: 067-FSP-26734	liantO Last Score 92			ate 0/2020	100	A	
Risk Factors are important practices or procedures as the mos contributing factors in foodborne illness outbreaks. Public Healt Interventions are control measures to prevent illness or injury.	th 100	Grade		ate 3/2020	CORING AND GRADING:	=90-100 B=80-89 C=70-7	9 U <u>≤</u> 69
FOODBORNE ILLNESS RISK (Mark designated compliance status (IN, OUT, NA, or NO l=in compliance OUT=not in compliance NO=not observed NA=not ap Compliance Status	D) for each numbered	item. Fo	r items m I on-site	arked OU	r, mark COS or R for each item a spection R=Repeat violation	as applicable.)	=2 poin
INOUT NA NO Supervision O 1-2A PIC present, demonstrates knowledge, perform O 1-2B Certified Food Protection Manager	4 points	5			Cooking and Rehea	er Advisory	9 point
2 IN OUT NA NO Preventing Contamination by Hands	ices, S 9 points		ŏŏ	000	5-18 Proper reheating pro		the second se
 O 2-1A Proper use of restriction & exclusion O O 2-1B Hands clean and properly washed O O 2-1C No bare hand contact with ready-to-eat for 	0 0 0 0 ^{ods or} 0 0	6				TCS Foods,	0
approved alternate method properly followed	4 points			00	6-1A Proper cold holding		9 poin



1.64	00.	rievention of rood oontainmation	2 pr	mina			U	rob. Fidilibility installed, proper backliow devices		\sim
	0	12A. Contamination prevented during food preparation, storage,	0	0		_		16C. Sewage and waste water properly disposed	ŏ	
display		-	\sim	17	7 0	DUT	Physical Facilities	1 po	int	
	O 12B. Personal cleanliness		0	0			0	17A. Toilet facilities: properly constructed, supplied, cleaned		
	O 12C. Wiping cloths: properly used and stored			0			0	17B. Garbage/refuse properly disposed; facilities maintaine	0	0
	O 12D. Washing fruits and vegetables			0			0	17C. Physical facilities installed, maintained, and clean	0	0
13 OUT Postings and Compliance with Clean Air Act			oint		O 17D. Adequate ventilation and lighting; designated areas use					
O 13A. Posted: Permit/Inspection/Choking Poster/Handwashing		0	0	11	8 0	DUT	Pest and Animal Control		ints	
	0	13B. Compliance with Georgia Smoke Free Air Act	0	0			0	18. Insects, rodents, and animals not present	0	0
Perso	n in C	harge (Signature)		(Pr	int)	Joł	าท	Date: 10/26/2021		
Inspec	ctor (S	Signature) MLS EHS				Fol	low-u	up: YES O NO Follow-up Date:		_

Food Service E	stablis	hment Inspection R	eport Ad	ddendum	Page 2	_ of <u>3</u>
Violations cited in this report must be Regulations Food Service Chapter 51		hin the time frames specified below, of subsections (2)(h) and (i).	r as stated in the	e Georgia Department	of Public Health R	ules and
Establishment BOTTLES & BONES 06			34	Date 10/26/2021		
Address 400 Buford Hwy NE			i ty/State Iwanee	GA	Zip Code 30024	
		TEMPERATURE OBSER	RVATIONS			
Item/Location	Temp	Item/Location	Temp	ltem/Lo	ocation	Temp
creamed spinach (cooling since 4pm) (1st temp	97.7	creamed spinach (cooling since 4pm) (2nd tem	p 59.1	onion soup (cooling since 4pm) (1st temp @		71.8
onion soup (cooling since 4pm) (2nd temp @	60.4	crawfish sauce (reheat to hot hold) / off the stor	ve 176.8	spinach dip (reheat to hot hold) / out of the oven		178.9
sautéed mushrooms (cooling since 1pm) (1st	39.8	bean stew (for hot holding) / off the stove	187.3	burger (cook temp) (order	red medium well) / off	140.5
salmon (cook temp) (ordered well done) / out of	170.9	Ι		<i>I</i>		
1		1		1		
1		Ι		Ι		
1		1		<i>I</i>		
1		1		1		
ltem Number		OBSERVATIONS AND CO	ORRECTIVE	ACTIONS		





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).

Establishment BOTTLES & BONES	Permit # 067-FSP-2			Date 10/26/2021			
Address 400 Buford Hwy NE		City/State Suwanee	GA	Zip Code 30024			
ltem Number	BSERVATIONS AND	CORRECTIVE	ACTIONS				
Comments:							
NOTE: All cold and hot held temperatures were in compliance unless otherwise noted.							
NOTE: Vanilla extract and drink syrups are used at this facility.							
NOTE: Questions? Please visit www.gnrhealth.com							



Person in Charge (Signature)	Date 10/26/2021
Inspector (Signature)	Date 10/26/2021