	-sciNNEs-		CEODOLA DEDADTMENT OF DUDI	10.11	EAL	T11				CURRENT COORS	CURRENT ORA	25	
7	-	*	GEORGIA DEPARTMENT OF PUBL Food Service Establishment Inspect							CURRENT SCORE	CURRENT GRAD	JE	
TO,		J. J	Establishment Name: ASHTON MANOR AT SUGAR										
CO	NTY HEA	ETH TS	Address: 1155 Lawrenceville Hwy										
City:	Lav	wrence	ville Time In: 09:30 AM Time	Out	:	11:1	10 AN	1			_		
Inspe	ction	Date:	03/05/2024										
Purp	ose o	f Inspe	ction: Routine Follow-up O Compliant O			G	Grade	D	ate	un			
Prelin			Other O	10	00		A	02/02	/2024				
Risk	Type:	1 ()		Deles F		μ,	D d-		-1-				
F	Risk F	actors a	are important practices or procedures as the most	Prior S		1	Grade	, D	ate				
		C 100 To	ctors in foodborne illness outbreaks. Public Health	4	9		U	01/25	5/2024				
	Interv	entions	are control measures to prevent illness or injury.						s	CORING AND GRADING: A=9	0-100 B=80-89 C=70-79	U <u><</u> 6	9
			FOODBORNE ILLNESS RISK FACT	OR	S	ANI	D PL	JBLI	C HEA	LTH INTERVENTIONS	3		
		and the same of th	(Mark designated compliance status (IN, OUT, NA, or NO) for each	1277.17									A SALES AND AND AND
			T=not in compliance NO=not observed NA=not applicable	1000	1	orre				spection R=Repeat violation of	the same code provision=		
		ance S		cos	-	1	C	omp	liance		on of TCC Foods	cos	R
1 IN	001	NA NO	1-2A PIC present, demonstrates knowledge, performs duties		Oints		5 II	N OU.	T NA NO	Cooking and Reheating		9 poi	ints
	X	\circ	1-28 Certified Food Protection Manager	_	ő		-			5-1A Proper cooking time a		0	0
			Employee Health, Good Hygienic Practices,			4	>	38	8	5-1B Proper reheating proc		ŏ	
2 IN	OUT	NA NO	Preventing Contamination by Hands		alesta					o-18 i Toper Terreating proc	saures for not not all ing	4 poi	W III
	0		2-1A Proper use of restriction & exclusion	_	Oints	_				5-2 Consumer advisory pro	vided for raw and		
Ŏ	Ŏ	0	2-1B Hands clean and properly washed	O				\circ		undercooked foods	11000 101 1011 0110	0	0
	~	00	2-1C No bare hand contact with ready-to-eat foods or			1 1				Holding of TO	CS Foods.		
	O	00	approved alternate method properly followed	O	0	Ш	6 11	N OU	T NA NO	Date Marking o		9 poi	ints
				4 p	ointe				OC	6-1A Proper cold holding te		0	
	0		2-2A Management knowledge, responsibilities, reporting	0	0			O	OC	6-1B Proper hot holding ten	nperatures	0	
	0000	0	2-2B Proper eating, tasting, drinking, or tobacco use	0	0			0	0	6-1C Proper cooling time as	nd temperature	0	0
	0	0	2-2C No discharge from eyes, nose, and mouth	0	0		0			6-1D Time as a public healt	th control: procedures	0	0
	0		2-2D Adequate handwashing facilities supplied & access ble	0	0					and records	16	O	U
	0		2-2E Response procedures for vomiting & diarrheal events	0	0							4 poi	
3 IN	OUT	NA NO		_	oints	_			OC	6-2 Proper date marking an	d disposition	0	0
	Q		3-1A Food obtained from approved source	_	0		7 1	N OU.	T NA NO	Highly Susceptible	e Populations	9 poi	ints
Q	Q	\circ	3-1B Food received at proper temperature	0	-				0	7-1 Pasteurized foods used	: Prohibited foods not	0	0
	Q		3-1C. Food in good condition, safe, and unadulterated	0						offered		_	_
	\cup		3-1D Required records: shellstock tags, parasite destruction	18.5	0	• [T NA NO	Someway.	THE REAL PROPERTY OF THE PERTY	4 poi	
		NA NO			oints	_			O	8-2A Food additives: appro	NO CASE MARKET TRAIN TO CO.	0	U
	O	\circ	4-1A Food separated and protected	0	0	4			0.	8-2B Toxic substances propused	berly identified stored,	•	0
	0		4-1B Proper disposition of returned, previously served, reconditioned, and unsafe food	0	0	1	9 1	A OIL	T NA NO	- 100 M	proved Procedures	7	raine.
				An	oints	ď				9-2 Compliance with varian		4 poi	
	0	0	4-2A Food stored covered	O	_		(\circ		and HACCP plan	ce, specialized process	0	0
Ŏ	8	Ŏ	4-2B Food-contact surfaces: cleaned & sanitized	_	0								
			GOOD F	RET	AIL	PF	RACT	ICES	3				
	(M		umbered item OUT, if not in compliance. For items marked OUT, mar	k CO	S or	R for	each i	tem as	applicable				
			sood Retail Practices are preventive measures to control	he ir	ntro	duct					ts into foods.		
Co	-	ance S		cos	R	11		-	liance :	111,100,000,000		cos	R
10	OUT		Safe Food and Water, Food Identification		oints		14	OUT	444 1-	Proper Use of Ute			oint
	0		asteurized eggs used where required ater and ice from approved source	8	8					use utensils: properly stored nsils, equipment and linens: prop		00	
	ŏ		ariance obtained for specialized processing methods	ŏ	ŏ	1		ŏ		gle-use/single-service articles:		ŏ	
	0		ood properly labeled; original container	0		1 1		Ŏ		oves used properly		Ŏ	
P		100.1	ood properly labeled, original container		0		15	OUT	10112012	Utensils, Equipment ar		1 pc	oint
11	OUT		Food Temperature Control	3 p	oints	4		0		od and nonfood-contact surf	and the second s	0	0
	0		roper cooling methods used: adequate equipment for ature control	0	0					designed, constructed, and rewashing facilities: installed, management			
	0	the second second second	lant food properly cooked for hot holding	0	0	1		-		onfood-contact surfaces clear		ŏ	
	ŏ		pproved thawing methods used	ŏ			16	OUT		Water, Plumbing an		2 poi	ints
	0	11D. T	hermometers provided and accurate	0	0	4 1				ot and cold water available; a		Ó	
12	OUT		Prevention of Food Contamination	3 p	oints	3				umbing installed; proper back		0	
	0	display	ontamination prevented during food preparation, storage,	0	0	1	17	OUT	16C. Se	wage and waste water proper Physical Facilit		0	oint
	0		ersonal cleanliness	0	0	d l	.,,		17A. To	ilet facilities: properly constru		O	
	ŏ	12C. W	liping cloths: properly used and stored	0	0			0	17B. Ga	arbage/refuse properly dispose	ed; facilities maintained	0	0
	0		ashing fruits and vegetables	0	0	4				ysical facilities installed, mai	The state of the s	0	0
13	OUT		Postings and Compliance with Clean Air Act	and the second section is	oint		40	O	17D. Ad	equate ventilation and lighting;		0	
	0	The state of the s	osted: Permit/Inspection/Choking Poster/Handwashing ompliance with Georgia Smoke Free Air Act	8	00		18	OUT	18. Inse	Pest and Animal Co ects, rodents, and animals no	SEPTEMBER 1	3 poi	
					-	ا ب							
Perso	ı in C	harge (Signature)		((Print)) D	aphne	e May	Date:	03/05/2024		
Inones	to- 10	ionet					-	aller	YE	SO NO . Follow	p Date: 03/05/2024		
mspec	101 (2	ignatu	ANA EHS					ollow-	up.	Follow-u	p vale. <u>03/03/2024</u>		

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	i i-o-i, nuie . io subse	e time frames specified below, or as ections (2)(h) and (i).	Stated III the Geor		aitii nuies aiiu	
Stablishment SHTON MANOR AT SUGARLOAF		Permit # 067-FSP-26606		Date 03/05/2024		
ddress		City/s		Zip Code		
55 Lawrenceville Hwy	Ti a	TEMPERATURE OBSERV	nceville ATIONS	GA 30	046	
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
item/Location	/	item/Location	/	item/Location	remp	
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Item lumber	O	SERVATIONS AND COR	RECTIVE AC	TIONS		

iolations cited in this report must be corrected within the tin		Georgia Department of I	Public Health Rules and
Regulations Food Service Chapter 511-6-1, Rule .10 subsections Stablishment SHTON MANOR AT SUGARLOAF	Permit # 067-FSP-26606	Da	te 05/2024
ddress 155 Lawrenceville Hwy	City/State Lawrenceville	GA	Zip Code 30046
Item Number OBS	ERVATIONS AND CORRECTIVE	ACTIONS	
Comments:			
lote: All cold-holding and hot-holding in compliance unless noted lote: Facility uses additives such as vanilla extract. lote: A required additional routine inspection will occur on or bef			
Questions/comments? 770-963-5132 or gnrhealth.com			
			,
erson in Charge (Signature)		Dat	e 03/05/2024
nspector (Signature)		Dat	e 03/05/2024