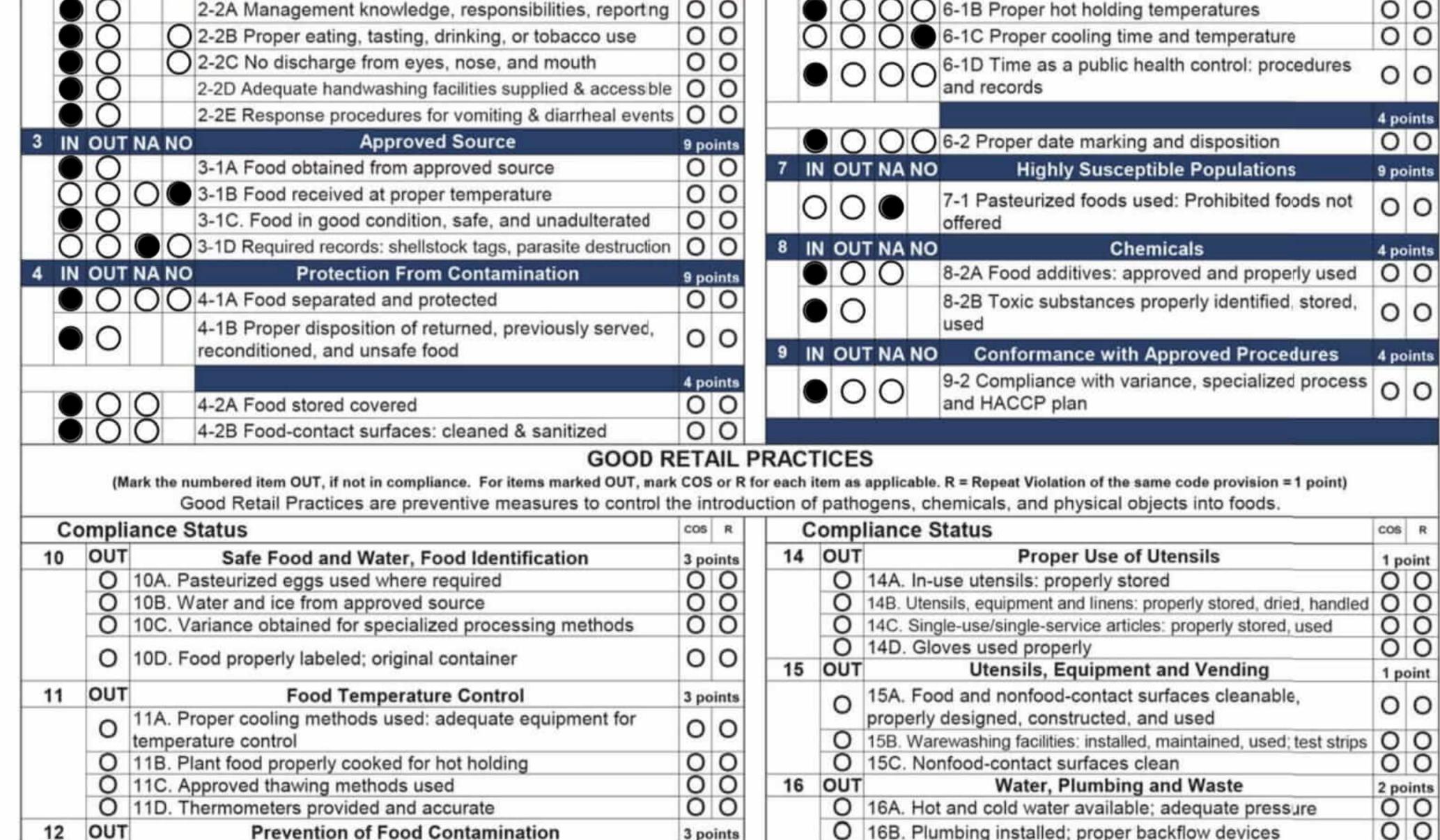
Page 1 of 3

GEORGIA DEPARTMENT	승규는 아파가 가지 않는 것을 하는 것을 수가 있다. 물건을 하는 것을 하는 것을 하는 것을 하는 것을 수가 있는 것을 수가 있다. 물건을 수가 있는 것을 수가 있다. 물건을 수가 있는 것을 수가 있다. 물건을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 물건을 수가 있는 것을 수가 있다. 물건을 수가 있는 것을 수가 있다. 물건을 수가 있는 것을 수가 있다. 말 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 수가 있다. 말 것을 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 수가 있다. 물건을 수가 있는 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 수가 있다. 것을 것을 것을 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 수가 있다. 것을 것을 것을 수가 있는 것을 수가 있다. 것을 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 있는 것을 수가 있는 것을 수가 있다. 것을 것을 것을 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 있다. 것을 것을 수가 있는 것을 것을 수가 않았다. 것을 것을 것을 수가 않았다. 것을 것을 것을 것을 것을 수가 있는 것을 수가 있는 것을 것을 수가 있는 것을 것을 것을 수가 있는 것을 것을 수가 있는 것을 것을 수가 않았다. 것을				CURRENT SCORE	CURRENT GRA	DE
Establishment Name: WAFFLE HOUSE #1							
Address: 545 Peachtree Industrial Blvd							
City: Suwanee Time In: 08:20 AM	Time Out:	10:24	AM				
nspection Date: 05/19/2023 CFSM: Mikalyn Bro					$\mathbf{\cap}\mathbf{\cap}$		
Purpose of Inspection: Routine Follow-up O Comp				Date			
	83	В	04	/21/2023	\mathbf{M}		
Preliminary O Other O	03	D	04	121/2023			
Risk Type: 1 () 2 • 3 () Permit#: 067-3046	Delet Face	Grade	_	Date			
Risk Factors are important practices or procedures as the mo	Prior Scor	Grade		Date			
contributing factors in foodborne illness outbreaks. Public Hea	alth 96	A	05	06/2022			
Interventions are control measures to prevent illness or injury	y.			5	SCORING AND GRADING: A=	90-100 B=80-89 C=70-7	9 U <u><</u> 69
FOODBORNE ILLNESS RIS (Mark designated compliance status (IN, OUT, NA, or N	NO) for each number	ed item. Fo	or items	s marked OU	T, mark COS or R for each item as	applicable.)	
I=in compliance OUT=not in compliance NO=not observed NA=not a	and the second se	7 7		No. of Concession, Name	spection R=Repeat violation of	of the same code provision	
Compliance Status	COS	2	Com	pliance			COS
I IN OUT NA NO Supervision	4 poin		IN C	UT NA NO	O Cooking and Reheat	ing of TCS Foods,	9 poin
O 1-2A PIC present, demonstrates knowledge, performance	CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR				Consumer		
O O 1-2B Certified Food Protection Manager	00	2		OOC	5-1A Proper cooking time		00
IN OUT NA NO Employee Health, Good Hygienic Prac	tices,		0	\mathbf{O}	5-1B Proper reheating pro-	cedures for hot holding	00
Preventing Contamination by Hand	is 9 poin	ts					4 poin
2-1A Proper use of restriction & exclusion	00			\sim	5-2 Consumer advisory pro	ovided for raw and	0
O 2-1B Hands clean and properly washed	00	2		00	undercooked foods		00
	ande or				Holding of T	CS Foods.	4 - 2
O O O 2-1C No bare hand contact with ready-to-eat fo approved alternate method properly followed		0 6	IN C		D Date Marking o		9 poin
	4 poin	ta		000	6-1A Proper cold holding t		00



1.64	00.	rievention of rood oontainingtion	2 pr	June			U U	rob. r lambing instance, proper backnow device			\sim
	0	12A. Contamination prevented during food preparation, storage,	0	0			0	16C. Sewage and waste water properly dispose	d	ŏ	0
display		-	~		17	OUT	Physical Facilities		1 pc	oint	
O 12B. Personal cleanliness		0	0	Ē		O 17A. Toilet facilities: properly constructed, supplied, clear		ed, cleaned	0		
	O 12B. Personal cleanliness O O 17A. Toilet facilities: properly constructed, supplied, cl O 12C. Wiping cloths: properly used and stored O O 17B. Garbage/refuse properly disposed; facilities main		maintained	0	0						
	0				d clean	0	0				
13	13 OUT Postings and Compliance with Clean Air Act		1 p	oint	Int 17D. Adequate ventilation and lighting; designated areas us			areas used	•		
	0	13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0	0		18	OUT	Pest and Animal Control		3 po	ints
O 13B. Compliance with Georgia Smoke Free Air Act		00				0	O 18. Insects, rodents, and animals not present			0	
Perso	n in C	harge (Signature)		(F	rint)	J	ennife	r Date: 05/19/2023			
nspec	ctor (S	Signature) Mary MLS EHS				F	ollow-	up: YES O NO Follow-up Date: 05/	/19/2023		

Food Service	Establis	hment Inspection	Report A	ddendum Pa	ige <u>2</u> of <u>3</u>				
Violations cited in this report must Regulations Food Service Chapter 5			w, or as stated in the	e Georgia Department of Publi	c Health Rules and				
Establishment WAFFLE HOUSE #1215	Permit 067-3046	68	Date 05/19/20	Date 05/19/2023					
Address 545 Peachtree Industrial Blvd			City/State Suwanee	GA	Zip Code 30024				
TEMPERATURE OBSERVATIONS									
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp				
thermapen (ice pt cal) / home	32	min/max thermometer (ice pt cal) / home	32	bacon (cook temp) / off the flat top	173.3				
sausage patty (cook temp) / off the flat top	167.1	eggs (cook temp) / off the stove	154.8	burger (cook temp) / off the flat top	164.2				
dish machine temp / dish machine	160.4	1		1					
1		/		/					
1		1		/					
1		1		<i>I</i>					
1		/		/					
1		1		/					
ltem									

Number

OBSERVATIONS AND CORRECTIVE ACTIONS

17D: .07(4)(b) COS Observed cell phones stored on a prep table upon entry to facility. PIC had items stored appropriately and prep counter was cleaned. Lockers or other suitable facilities shall be located in a designated room or area where contamination of food, equipment, utensils, linens and single-service and single-use articles cannot occur. (C)

Person in Charge (Signature) Date 05/19/2023 Inspector (Signature) Date 05/19/2023

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 WAFFLE HOUSE #1215	Permit # 067-3046						
Address 545 Peachtree Industrial Blvd	City/State Suwanee	GA	Zip Code 30024				
Item OBSERVATIONS AND CORRECTIVE ACTIONS							
Comments:							
NOTE: All cold and hot held temperatures were in comp	liance unless otherwise noted.						
NOTE: Drink syrups are used at this facility.							
NOTE: Questions? Please visit www.gnrhealth.com							



