GEORGIA DEPARTMENT OF PUBL	IC HEA	LTH			CURRENT SCORE	CURRENT GRAD	DE
Food Service Establishment Inspect	tion Rep	ort					
Establishment Name: IRON AGE							
Address: 3480 Financial Center Way City: Buford Time In: 11:32 AM Time	Out:	12:42 PI		$\overline{}$			
Inspection Date: 05/26/2022			VI				
Purpose of Inspection: Routine O Follow-up Compliant O			D	ate	UY		
Preliminary O Other O	45	U	05/17	7/2022	()		
Risk Type: 1 O 2 • 3 O Permit#: 067-FSP-26837							
Risk Factors are important practices or procedures as the most	Prior Score	Grade	D	ate			
contributing factors in foodborne illness outbreaks. Public Health	91	A	03/16	6/2022			
Interventions are control measures to prevent illness or injury.					SCORING AND GRADING: A=	90-100 B=80-89 C=70-79	U <u>≤</u> 69
FOODBORNE ILLNESS RISK FACT	TORS	AND P	UBLI	C HE	ALTH INTERVENTION	S	
(Mark designated compliance status (IN, OUT, NA, or NO) for each	12 7 17 1 7 1 7 1 7						
IN=in compliance OUT=not in compliance NO=not observed NA=not applicable					espection R=Repeat violation of	f the same code provision=	
Compliance Status 1 IN OUT NA NO Supervision	COS R		omp	liance	Status Cooking and Reheati	ing of TCS Foods	COS R
1 IN OUT NA NO Supervision 1-2A PIC present, demonstrates knowledge, performs duties	4 points		N OU	T NA N	O Cooking and Reneati		9 points
1-2B Certified Food Protection Manager	00				5-1A Proper cooking time a		00
Employee Health, Good Hygienic Practices			ĭŏ	Ŏ	5-1B Proper reheating prod		00
2 IN OUT NA NO Preventing Contamination by Hands	9 point	9	0 0				4 points
2-1A Proper use of restriction & exclusion	00				5-2 Consumer advisory pro	ovided for raw and	
O 2-1B Hands clean and properly washed	00			0	undercooked foods		00
O O 2-1C No bare hand contact with ready-to-eat foods or	00	6	N OII	T NA N	Holding of To	CS Foods,	
approved alternate method properly followed	0		N 00	INAN	Date Marking o	f TCS Foods	9 points
	4 point				6-1A Proper cold holding to		00
2-2A Management knowledge, responsibilities, reporting 2-2B Proper eating, tasting, drinking, or tobacco use 2-2C No discharge from eyes, nose, and mouth 2-2D Adequate handwashing facilities supplied & access blooming access blooming facilities.	-			QC	6-1B Proper hot holding ter	AND THE PERSON NAMED OF TH	00
2-2B Proper eating, tasting, drinking, or tobacco use	00		\circ		6-1C Proper cooling time a	nd temperature	00
2-2C No discharge from eyes, nose, and mouth	00	- 1	0 0		6-1D Time as a public heal	th control: procedures	00
2-2D Adequate handwashing facilities supplied & access bloom		4			and records		0 0
2-2E Response procedures for vomiting & diarrheal event	The state of the s						4 points
3 IN OUT NA NO Approved Source	9 point		DOM: THE	THE OWNER WHEN	6-2 Proper date marking ar	7 7 - 7 - 7	00
3-1A Food obtained from approved source	0 0	_	N OU	T NA N			9 points
O O 3-1B Food received at proper temperature	0 0				7-1 Pasteurized foods used	d: Prohibited foods not	00
3-1C. Food in good condition, safe, and unadulterated 3-1D Required records: shellstock tags, parasite destruction	0 0	<u>'</u>		TNAN	offered	anta.	The state of the s
4 IN OUT NA NO Protection From Contamination	The State of	_		O	8-2A Food additives: appro	AND DESCRIPTION OF THE PARTY OF	4 points
O O 4-1A Food separated and protected	9 points				8-2B Toxic substances pro	UI OAN I WAS TOUR DE LE CO	
4 4D Desperation selection of selections of manufacturity control		1 4)	used	perly identified, stored,	00
reconditioned, and unsafe food	0 0	9	N OU	T NA N	O Conformance with Ap	proved Procedures	4 points
	4 point	9			9-2 Compliance with varian		
4-2A Food stored covered 4-2B Food-contact surfaces: cleaned & sanitized	00		\circ		and HACCP plan	and the same same same same same same same sam	O
4-2B Food-contact surfaces: cleaned & sanitized	00						
GOOD	RETAIL	PRAC	TICES	S			
(Mark the numbered item OUT, if not in compliance. For items marked OUT, man							
Good Retail Practices are preventive measures to control	cos R	1 1				ots into roods.	COS R
Compliance Status 10 OUT Safe Food and Water, Food Identification		1 44	OUT	nance	Status Proper Use of Ut	oneile	
10 OUT Safe Food and Water, Food Identification O 10A. Pasteurized eggs used where required	3 points			14A In	-use utensils: properly stored		1 point
O 10B. Water and ice from approved source	00		ĕ		ensils, equipment and linens: pro		
O 10C. Variance obtained for specialized processing methods	00)			ngle-use/single-service articles:	properly stored, used	00
O 10D. Food properly labeled; original container	00	15	O		loves used properly	and Mandian	00
		15		151775 25	Utensils, Equipment a		1 point
11 OUT Food Temperature Control 11A. Proper cooling methods used: adequate equipment for	3 points	1	0		ood and nonfood-contact surf y designed, constructed, and	The state of the s	00
temperature control	00	2	1	1	arewashing facilities: installed, m		00
O 11B. Plant food properly cooked for hot holding	00		and the second section in		onfood-contact surfaces clea		00
O 11C. Approved thawing methods used	000				Water, Plumbing an		2 points
O 11D. Thermometers provided and accurate 12 OUT Prevention of Food Contamination	00		0		ot and cold water available; a lumbing installed; proper bac		0 0
12A Contamination provented during food proparation storage	3 points	T	ŏ		ewage and waste water prop		ŏŏ
display	00	17	OUT		Physical Facili	ities	1 point
O 12B. Personal cleanliness	00		0		oilet facilities: properly constru	The state of the s	00
O 12C. Wiping cloths: properly used and stored O 12D. Washing fruits and vegetables	0 0		0		arbage/refuse properly dispos hysical facilities installed, ma		00
13 OUT Postings and Compliance with Clean Air Act	1 point	1 1			dequate ventilation and lighting		00
O 13A. Posted: Permit/Inspection/Choking Poster/Handwashing	OC	101			Pest and Animal C		3 points
O 13B. Compliance with Georgia Smoke Free Air Act	O C	101		18. Ins	ects, rodents, and animals no		00
Person in Charge (Signature)		10-1-10 L	Amy		Dotos	05/26/2022	
Person in Charge (Signature)		(Print)	· · <i>y</i>	1 N N	Dutc.		
Inspector (Signature) MUS EHS		F	ollow-	up: Y	ES O NO ● Follow-u	up Date:	

adalalialamand	511-6-1, Rule .10 subs	ections (2)(h) and (i).	v, or as stated in the Geo		iounii muioo uma	
Establishment IRON AGE Address 3480 Financial Center Way		Permit # 067-FSP-		Date 05/26/2022		
			City/State Buford		Zip Code 30519	
	9.	TEMPERATURE OBS				
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
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	1					
Item Number	0	BSERVATIONS AND	CORRECTIVE AC	TIONS		

idilations 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). Stablishment RON AGE Permit # 067-FSP-26837 City/State Buford GA Solutions OBSERVATIONS AND CORRECTIVE ACTIONS Comments: IOTE: All cold and hot held temperatures were in compliance unless otherwise noted.	Food Service Establish	ment Inspection Report Add	dendum Page 3 of	3
City/State	iolations cited in this report must be corrected within egulations Food Service Chapter 511-6-1, Rule .10 su	the time frames specified below, or as stated in the Gobsections (2)(h) and (i).	eorgia Department of Public Health Rules	and
March Control Corner Way Description Case Sping Case Sping Case	RON AGE	067-FSP-26837	05/26/2022	
CODE CALL Cold and hot held temperatures were in compilance unless otherwise noted. IOTE: All cold and hot held temperatures were in compilance unless otherwise noted. IOTE: Oucedonn's Please visit www.gunfroutit.com IOTE: Oucedonn's Please vi	Address 480 Financial Center Way			
Total and and hold held temporatures were in controllance unlass otherwise noted. IOTE: Drink syrups are used at this facility. IOTE: Questione? Please visit www.gm/health.com Total controllance and the process of		OBSERVATIONS AND CORRECTIVE A	CTIONS	
IOTE: Drink syrups are used at this facility. IOTE: Questions? Pikase visit reems prihealth acon: Pikase visit reems prihealth acon: Date 05:54:7022	Comments:			
erson in Charge (Signature)	NOTE: All cold and hot held temperatures were in complia	ance unless otherwise noted.		
erson in Charge (Signature)	NOTE: Drink syrups are used at this facility.			
	NOTE: Questions? Please visit www.gnrhealth.com			
	Person in Charge (Signature)		Date 05/26/2022	
			E-V. 200	