


<b>GEORGIA DEPARTMENT OF PUBLIC HEALTH</b> <b>Food Service Establishment Inspection Report</b>						CURRENT SCORE	CURRENT GRADE
<b>Establishment Name:</b> HUSKERS CAFE <b>Address:</b> 3255 Lawrenceville-Suwanee Rd <b>City:</b> Suwanee <b>Time In:</b> 02:30 PM <b>Time Out:</b> 03:50 PM <b>Inspection Date:</b> 01/23/2023 <b>CFSM:</b> Carl Smith 22223603 06/08/2027 <b>Purpose of Inspection:</b> Routine <input checked="" type="radio"/> Follow-up <input type="radio"/> Compliant <input type="radio"/> <b>Preliminary</b> <input type="radio"/> <b>Other</b> <input type="radio"/> <b>Risk Type:</b> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> <b>Permit#:</b> 067-FS-12672 <div style="font-size: small;">Risk Factors are important practices or procedures as the most contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.</div>						86	B
<div style="display: flex; justify-content: space-between;"> <div> <b>Last Score</b> 80 <b>Grade</b> B <b>Date</b> 10/25/2022  <b>Prior Score</b> 96 <b>Grade</b> A <b>Date</b> 07/30/2022         </div> <div> <b>SCORING AND GRADING:</b> A=90-100 B=80-89 C=70-79 U≤69         </div> </div>							
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b> <small>(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable.)</small>							
<b>IN</b> =in compliance <b>OUT</b> =not in compliance <b>NO</b> =not observed <b>NA</b> =not applicable <b>COS</b> =corrected on-site during inspection <b>R</b> =Repeat violation of the same code provision=2 points							
<b>1 IN OUT NA NO Supervision 4 points</b>				<b>5 IN OUT NA NO Cooking and Reheating of TCS Foods, Consumer Advisory 9 points</b>			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-2A PIC present, demonstrates knowledge, performs duties	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-2B Certified Food Protection Manager	<input type="radio"/>	<input type="radio"/>	
<b>2 IN OUT NA NO Employee Health, Good Hygienic Practices, Preventing Contamination by Hands 9 points</b>				<b>6 IN OUT NA NO Holding of TCS Foods, Date Marking of TCS Foods 9 points</b>			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-1A Proper use of restriction & exclusion	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-1B Hands clean and properly washed	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-2A Management knowledge, responsibilities, reporting	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-2B Proper eating, tasting, drinking, or tobacco use	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-2C No discharge from eyes, nose, and mouth	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-2D Adequate handwashing facilities supplied & accessible	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-2E Response procedures for vomiting & diarrheal events	<input type="radio"/>	<input type="radio"/>	
<b>3 IN OUT NA NO Approved Source 9 points</b>				<b>7 IN OUT NA NO Highly Susceptible Populations 9 points</b>			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3-1A Food obtained from approved source	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3-1B Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3-1C Food in good condition, safe, and unadulterated	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	3-1D Required records: shellstock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	
<b>4 IN OUT NA NO Protection From Contamination 9 points</b>				<b>8 IN OUT NA NO Chemicals 4 points</b>			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4-1A Food separated and protected	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4-1B Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4-2A Food stored covered	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	4-2B Food-contact surfaces: cleaned & sanitized	<input type="radio"/>	<input type="radio"/>	
<b>GOOD RETAIL PRACTICES</b> <small>(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R = Repeat Violation of the same code provision = 1 point)</small> <small>Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.</small>							
<b>10 OUT Safe Food and Water, Food Identification 3 points</b>				<b>14 OUT Proper Use of Utensils 1 point</b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10A. Pasteurized eggs used where required	<input checked="" type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10B. Water and ice from approved source	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10C. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10D. Food properly labeled; original container	<input type="radio"/>	<input type="radio"/>	
<b>11 OUT Food Temperature Control 3 points</b>				<b>15 OUT Utensils, Equipment and Vending 1 point</b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11A. Proper cooling methods used: adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11B. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11C. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11D. Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	
<b>12 OUT Prevention of Food Contamination 3 points</b>				<b>16 OUT Water, Plumbing and Waste 2 points</b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12A. Contamination prevented during food preparation, storage, display	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12B. Personal cleanliness	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12C. Wiping cloths: properly used and stored	<input type="radio"/>	<input type="radio"/>	
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12D. Washing fruits and vegetables	<input type="radio"/>	<input type="radio"/>	
<b>13 OUT Postings and Compliance with Clean Air Act 1 point</b>				<b>17 OUT Physical Facilities 1 point</b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13A. Posted: Permit/Inspection/Choking Poster/Handwashing	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13B. Compliance with Georgia Smoke Free Air Act	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17A. Toilet facilities: properly constructed, supplied, cleaned	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17B. Garbage/refuse properly disposed; facilities maintained	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17C. Physical facilities installed, maintained, and clean	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17D. Adequate ventilation and lighting; designated areas used	<input type="radio"/>	<input type="radio"/>	
<b>18 OUT Pest and Animal Control 3 points</b>				<b>18 OUT Insects, rodents, and animals not present 3 points</b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Insects, rodents, and animals not present	<input type="radio"/>	<input type="radio"/>	
<b>Person in Charge (Signature)</b> _____ <b>(Print)</b> Paul <b>Date:</b> 01/23/2023						<b>Follow-up:</b> YES <input type="radio"/> NO <input checked="" type="radio"/> <b>Follow-up Date:</b> 01/23/2023	
<b>Inspector (Signature)</b> KLA <b>KLA EHS</b>							



Food Service Establishment Inspection Report Addendum				Page 2 of 3	
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 HUSKERS CAFE		Permit # 067-FS-12672		Date 01/23/2023	
Address 3255 Lawrenceville-Suwanee Rd		City/State Suwanee GA		Zip Code 30024	
TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Thermopen / Calibration	32	Delta Trak / Calibration	32	Cooked Salmon / final cooked temperature	170
/		/		/	
/		/		/	
/		/		/	
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/		/		/	
OBSERVATIONS AND CORRECTIVE ACTIONS					
Item Number					
<p>2-2E: .03(6) COS Facility uses bleach as their effective sanitizer for their clean up kit. Facility did not have bleach on site. Employee purchased bleach during inspection. A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food service establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. (Pf)</p> <p>4-2B: .05(6)(n) (Repeat) COS Employee washing dishes in the dish machine with a chlorine sanitizer concentration of 0ppm. Facility did not have anymore containers of chlorine sanitizer for the dish machine and no bleach for the 3 compartment sink. Employee purchased bleach during inspection and set up the sanitizer compartment at the 3 compartment sink to a chlorine sanitizer concentration of 100ppm. Dishes were washed and rinsed in the dish machine and sanitized at the 3 compartment sink. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operations must meet a specified minimum concentration (for chlorine sanitizer it must be 50-100 ppm; for quat ammonia, it must be used according to the manufacturer's specifications). (P)</p> <p>**2nd CONSECUTIVE REPEAT VIOLATION ON A ROUTINE INSPECTION**</p> <p>12D: .04(4)(g) COS Observed employee wash a raw onion in the back handwashing sink. Onion was washed in the vegetable sink. Raw fruits and vegetables shall be thoroughly washed in water, in a sink designated for that purpose only, to remove soil and other contaminants before being cut, combined with other ingredients, cooked, served, or offered for human consumption in ready-to-eat form. (Pf)</p> <p>14A: .04(4)(k) COS Facility using single use cups as utensils for scooping out seasonings in bulk containers (rim of single use cups in direct contact with food) Single use cups were discarded. Discussed with person in charge that the handles of in use utensils cannot come in direct contact with food. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored: 1. in the food with their handles above the top of the food and the container; 2. in running water of sufficient velocity to flush particulates to the drain, if used with moist food such as ice cream or mashed potatoes; 3. in a clean, dry container; or 4. in a container of water if the water is maintained at a temperature of at least 135°F (57°C) and the container is cleaned at the required frequency. (C)</p>					
Person in Charge (Signature)				Date 01/23/2023	
Inspector (Signature) 				Date 01/23/2023	

# Food Service Establishment Inspection Report Addendum

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Establishment HUSKERS CAFE	Permit # 067-FS-12672	Date 01/23/2023
Address 3255 Lawrenceville-Suwanee Rd	City/State Suwanee GA	Zip Code 30024

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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Comments:

NOTE: All cold holding temperatures in compliance.

NOTE: Facility uses vanilla extract.

**\*\*2nd consecutive REPEAT violation on a routine inspection for sanitizer concentration of food contact surfaces too low (4-2B). 3 consecutive REPEAT violations on a routine inspection may result in food service permit SUSPENSION.\*\***

Questions? 770-963-5132 or [www.gnrhealth.com](http://www.gnrhealth.com)

Person in Charge (Signature)	Date 01/23/2023
Inspector (Signature) 	Date 01/23/2023