GEORGIA DEPARTMENT OF PUBLIC HEALTH			CURRENT SCORE	CURRENT GRAD	DE			
Food Service Establishment Inspect Establishment Name: PIMENTON PARRILLA	Food Service Establishment Inspection Report							
Address: 1570 Buford Hwy NE								
	e Out: _				_			
Inspection Date: 06/01/2022 CFSM: Xiomara Garcia 1952				D	ate			
Purpose of Inspection: Routine O Follow-up Compliant O	_					An		
Preliminary ○ Other ○ Risk Type: 1 ○ 2 ■ 3 ○ Permit#: 067-FS-11337	64	\	ر	05/25	12022			
	Prior Scor	re Gra	ide	D	ate			
Risk Factors are important practices or procedures as the most contributing factors in foodborne illness outbreaks. Public Health	50	J	J	05/18	8/2022			
Interventions are control measures to prevent illness or injury.				03/10		SCORING AND GRADING:	A=90-100 B=80-89 C=70-79	U <u><</u> 69
FOODBORNE ILLNESS RISK FACT	TORS	AND	PU	BLI	C HE	ALTH INTERVENTIO	NS	
(Mark designated compliance status (IN, OUT, NA, or NO) for each								
IN=in compliance OUT=not in compliance NO=not observed NA=not applicable	1.555		_				n of the same code provision=	2 points
Compliance Status 1 IN OUT NA NO Supervision		R				Status Cooking and Reher	ating of TCS Foods,	COS R
1-2A PIC present, demonstrates knowledge, performs duties	4 poin		5 IN	OUT	NA N		er Advisory	9 points
1-2B Certified Food Protection Manager	0		C	0	0	5-1A Proper cooking time		00
2 IN OUT NA NO Employee Health, Good Hygienic Practices,			Č	O	O	5-1B Proper reheating pr	rocedures for hot holding	00
Preventing Contamination by Hands	9 poin							4 points
2-1A Proper use of restriction & exclusion		0		0	0	5-2 Consumer advisory p	provided for raw and	00
O 2-1B Hands clean and properly washed	0 0		_			undercooked foods	T00 F	
O O 2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0	0 6	i IN	OUT	NA N		TCS Foods,	Amelina
approved diterriate metrica properly followed	4 poin	nte			00) 6-1A Proper cold holding	of TCS Foods	9 points
2-2A Management knowledge, responsibilities, reporting		_	ĕ	ŏ	-	6-1B Proper hot holding		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.		0	Ō	Ŏ	ÕĈ	6-1C Proper cooling time	and temperature	• 0
O 2-2C No discharge from eyes, nose, and mouth	0 0	0		0		6-1D Time as a public he	ealth control: procedures	00
2-2D Adequate handwashing facilities supplied & access bl						and records		00
2-2E Response procedures for vomiting & diarrheal event	ts O (4 points
3 IN OUT NA NO Approved Source	9 poin		700	OR OTHER DESIGNATION OF REAL PROPERTY.	THE OWNER WHEN	6-2 Proper date marking	32 7 E S S S	00
3-1A Food obtained from approved source 3-1B Food received at proper temperature		0 1	IN	OU	NA N		tible Populations	9 points
3-1C. Food in good condition, safe, and unadulterated		0	C	0		7-1 Pasteurized foods us offered	sed: Prohibited foods not	00
O O 3-1D Required records: shellstock tags, parasite destruction			IN	OUT	NA N	and the same of th	micals	4 points
4 IN OUT NA NO Protection From Contamination	9 poin				0	- Stations	proved and properly used	00
O O 4-1A Food separated and protected	0 0		_	0		8-2B Toxic substances p	properly identified, stored,	00
4-1B Proper disposition of returned, previously served, reconditioned, and upsafe food.	0					used		00
reconditioned, and unsafe food		9) IN	OUT	NAN	The second secon	Approved Procedures	4 points
4-2A Food stored covered	4 poin		C	0		9-2 Compliance with vari	iance, specialized process	00
4-2A Food stored covered 4-2B Food-contact surfaces: cleaned & sanitized	0 0					and macer plan		
GOOD			ACT	ICES	3			
(Mark the numbered item OUT, if not in compliance. For items marked OUT, ma	rk COS o	or R for ea	ach ite	em as	applicab			
Good Retail Practices are preventive measures to control	1000	oductio					jects into foods.	Total co
Compliance Status	cos	R		•	iance	Status Proper Use of	Utonoile	COS R
10 OUT Safe Food and Water, Food Identification O 10A. Pasteurized eggs used where required	3 poin	O	14	OUT	14A. In	-use utensils: properly stor		1 point
O 10B. Water and ice from approved source	0 0	0				ensils, equipment and linens: p		
O 10C. Variance obtained for specialized processing methods	0 0	0				ngle-use/single-service article	es: properly stored, used	00
O 10D. Food properly labeled; original container	0	0 -	15	OUT	14D. G	loves used properly Utensils, Equipment	and Vending	O O
11 OUT Food Temperature Control	3 poin			_	15A. F	ood and nonfood-contact s		1 point
11A. Proper cooling methods used: adequate equipment for		0			properl	y designed, constructed, a	nd used	
temperature control	3.50			-		arewashing facilities: installed, onfood-contact surfaces cl		00
O 11B. Plant food properly cooked for hot holding O 11C. Approved thawing methods used		8	16	OUT	15C. N	Water, Plumbing		O O
O 11D. Thermometers provided and accurate	0 0				16A. H	ot and cold water available		00
12 OUT Prevention of Food Contamination	3 poin	nts				lumbing installed; proper ba		00
O display 12A. Contamination prevented during food preparation, storage	0	이 -	17	OUT	100.5	ewage and waste water pro Physical Fac		O O
O 12B. Personal cleanliness	The state of the s	0		0		oilet facilities: properly cons	tructed, supplied, cleaned	00
O 12C. Wiping cloths: properly used and stored		<u> </u>				arbage/refuse properly disp		00
O 12D. Washing fruits and vegetables 13 OUT Postings and Compliance with Clean Air Act		0		-		hysical facilities installed, n dequate ventilation and lighti	A THE RESIDENCE TO A STATE OF THE RESIDENCE OF THE RESIDENCE TO A STATE OF THE RESIDENCE TO A STATE OF THE RESIDEN	00
O 13A. Posted: Permit/Inspection/Choking Poster/Handwashing	O (192101	18	OUT	, , D. A	Pest and Anima		3 points
O 13B. Compliance with Georgia Smoke Free Air Act	0 0	A CONTRACTOR OF THE PERSON NAMED IN COLUMN 1		and the second	18. lns	ects, rodents, and animals		00
Person in Charge (Signature)		(Print)	Xio	omara	a	Date:	06/01/2022	
. c.co., onarge (eignature)		(r mit)			V	ES O NO O		
Inspector (Signature) CED EHS			Fo	llow-	up:	Follow	v-up Date:	

stablishment IMENTON PARRILLA	Permit # 067-FS-1133	7	Date 06/01/2022			
Address 1570 Buford Hwy NE		C	ity/State uford	Zip Code		
		TEMPERATURE OBSE		GA 3	30518	
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
iced tomatoes (cooling-1 hour) / Prep cooler	59	Beans (cooling-1.5 hours) (discarded) / Reach	in 119 I	Beans (cooling-2 hours) (discarded) / Re	each in 117	
ucca (cooling-3 hours) / Prep cooler	60	1	1	1		
		1	1	/		
		/	1	l .		
		1	,			
				1		
		/				
		1		1		
Item Number		OBSERVATIONS AND C	ORRECTIVE A	ACTIONS		
Arranged in the equipment to prove to be a consely covered, or uncovered if	aced in an ice water at transfer; (Pf) or Iding equipment, for ide maximum hear protected from over	er bath; (Pf) ood containers in which food is being container walls; (erhead contamination during the cooling the and hot food, shall be sufficient in next and hot food in the hot food in t	C) and g period to facilitate h		` ,	
		emperature is 65F. // Prep cooler will neat meets the requirements specified un			/ tooas. // Equipmer	
erson in Charge (Signature)				Date 06/01/2	2022	

Food Service Establishment Inspection Report Addendum Page 3of 3				
Violations cited in this report must be corrected within the to Regulations Food Service Chapter 511-6-1, Rule .10 subsect		Georgia Department of Public Health Rules and		
Establishment PIMENTON PARRILLA	Permit # 067-FS-11337	Date 06/01/2022		
Address 1570 Buford Hwy NE	City/State Buford	Zip Code GA 30518		
Item Number OBS	SERVATIONS AND CORRECTIVE	ACTIONS		
Comments:				
www.gnrhealth.com * dph.georgia.gov/food-service * QUESTIC	DNS? 770-963-5132			
Prep cooler is not to be used to TCS food storage or cooling if t	temperature remains above 41F			
Trop decide to the telegraph and the rectangle of deciming in the				
Person in Charge (Signature)		Date 06/01/2022		
		Date 06/01/2022		
Inspector (Signature)		Date 00/01/2022		