

GEORGIA DEPARTMENT OF PUBLIC HEALTH Food Service Establishment Inspection Report						CURRENT SCORE	CURRENT GRADE
Establishment Name: WAFFLE HOUSE #1215 Address: 545 Peachtree Industrial Blvd City: Suwanee Time In: 11:00 AM Time Out: 12:50 PM Inspection Date: 10/11/2023 CFSM: Bryce Moore 24128774 06/16/2028 Purpose of Inspection: Routine <input checked="" type="radio"/> Follow-up <input type="radio"/> Compliant <input type="radio"/> Preliminary <input type="radio"/> Other <input type="radio"/> Risk Type: 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> Permit#: 067-3046 <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>						96	A
						SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U≤69	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS <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>							
IN =in compliance OUT =not in compliance NO =not observed NA =not applicable COS =corrected on-site during inspection R =Repeat violation of the same code provision=2 points							
1 IN OUT NA NO Supervision 4 points				5 IN OUT NA NO Cooking and Reheating of TCS Foods, Consumer Advisory 9 points			
<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"/>	
2 IN OUT NA NO Employee Health, Good Hygienic Practices, Preventing Contamination by Hands 9 points				6 IN OUT NA NO Holding of TCS Foods, Date Marking of TCS Foods 9 points			
<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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2-2E Response procedures for vomiting & diarrheal events	<input type="radio"/>	<input type="radio"/>	
3 IN OUT NA NO Approved Source 9 points				7 IN OUT NA NO Highly Susceptible Populations 9 points			
<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"/>	
4 IN OUT NA NO Protection From Contamination 9 points				8 IN OUT NA NO Chemicals 4 points			
<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"/>	
GOOD RETAIL PRACTICES <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>							
10 OUT Safe Food and Water, Food Identification 3 points				14 OUT Proper Use of Utensils 1 point			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10A. Pasteurized eggs used where required	<input 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"/>	
11 OUT Food Temperature Control 3 points				15 OUT Utensils, Equipment and Vending 1 point			
<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"/>	
12 OUT Prevention of Food Contamination 3 points				16 OUT Water, Plumbing and Waste 2 points			
<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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12D. Washing fruits and vegetables	<input type="radio"/>	<input type="radio"/>	
13 OUT Postings and Compliance with Clean Air Act 1 point				17 OUT Physical Facilities 1 point			
<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"/>	
18 OUT Pest and Animal Control 3 points				18 OUT Insects, rodents, and animals not present 3 points			
<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"/>	
Person in Charge (Signature) _____ (Print) Bryce Moore Date: 10/11/2023						Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> Follow-up Date: _____	
Inspector (Signature) <i>gm</i> JND EHS							

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Establishment WAFFLE HOUSE #1215	Permit # 067-3046	Date 10/11/2023
Address 545 Peachtree Industrial Blvd	City/State Suwanee GA	Zip Code 30024

[illegible]

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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Person in Charge (Signature)	Date 10/11/2023
Inspector (Signature) 	Date 10/11/2023

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).

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Comments:

Note: All cold-holding and hot-holding items were in compliance unless otherwise noted.

Note: The facility uses flavored syrups for drinks as additives.

Note: Ensure to keep plates stored on the shelving unit above prep areas covered or flip them upside down. Food contact surfaces must be protected from contamination.

For questions or comments please call 770-963-5132 or visit www.gnrhealth.com

Person in Charge (Signature)	Date 10/11/2023
Inspector (Signature) 	Date 10/11/2023