CHEL	NNED	GEORGIA DEPARTMENT OF PUBL	IC H	EAL	TH.				CURRENT SCORE	CURRENT GRAI	DE	
1000	5	Food Service Establishment Inspec	tion l	Rep	ort							
COUNT	Y HEAD	Establishment Name: UNBELIBUBBLE Address: 5270 Peachtree Pkwy						-				
City:	Nor		Out	:_	12:	10 PV						
Mr. in American		Date: 01/26/2023				023 Grade	D	ate	07			
Purpos		Inspection: Routine Follow-up O Compliant O	10			A		7/2021	4			
Risk Ty			Τ(10/2/	72021				
	711 7	actors are important practices or procedures as the most	Prior S	core	T	Grade	D	ate				
cont	tribu	ting factors in foodborne illness outbreaks. Public Health	10	00		Α	08/11	L/2021				
Int	erve	entions are control measures to prevent illness or injury.								A=90-100 B=80-89 C=70-79	U≤	69
		FOODBORNE ILLNESS RISK FAC* (Mark designated compliance status (IN, OUT, NA, or NO) for each										
IN=in com	pliar	nce OUT=not in compliance NO=not observed NA=not applicable	12.75.17.1							of the same code provision=	2 po	ints
Com	plia	ance Status	cos	R		C	omp	liance S			cos	R
1 IN O	TU	NA NO Supervision		oints		5 IN	OU.	T NA NO	Cooking and Rehea		9 po	ints
	\approx	1-2A PIC present, demonstrates knowledge, performs duties 1-2B Certified Food Protection Manager	_	00					5-1A Proper cooking time	er Advisory	0	0
		Employee Health Good Hygienic Practices				Č	Ó		5-1B Proper reheating pr		-	ŏ
2 IN O	UT	NA NO Preventing Contamination by Hands	9 p	oints							100	oints
	Q	2-1A Proper use of restriction & exclusion		0		C	0		5-2 Consumer advisory p	provided for raw and	0	0
	\circ	O 2-1B Hands clean and properly washed	0	0	4				undercooked foods	T00 F	Ŭ	
	0	2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0	0		6 11	On.	T NA NO	The second secon	TCS Foods, of TCS Foods	9.00	leste
	_		4 p	oints			0	00	6-1A Proper cold holding		_	O
	0	2-2A Management knowledge, responsibilities, report no		0	_	Č	Ŏ		6-1B Proper hot holding		-	0
	0	2-2B Proper eating, tasting, drinking, or tobacco use	0	_		C	0		6-1C Proper cooling time	and temperature	0	0
	Q	2-2C No discharge from eyes, nose, and mouth	0	-				00	6-1D Time as a public he	ealth control: procedures	0	0
		2-2D Adequate handwashing facilities supplied & access bl	-	0	- 1				and records			
3 IN O	Charles of the	2-2E Response procedures for vomiting & diarrheal event NA NO Approved Source	100	Contract of	- 1				6-2 Proper date marking	and disposition	_	O
	Ö	3-1A Food obtained from approved source		Oints	_	7 11	On.	T NA NO	100 C C C	ible Populations		ints
Ŏ	Ŏ	3-1B Food received at proper temperature	0						7-1 Pasteurized foods us			0
	Ō	3-1C. Food in good condition, safe, and unadulterated		0					offered		U	U
0	\circ	3-1D Required records: shellstock tags, parasite destruction	1 0	0				T NA NO	- Sensing	nicals		ints
		NA NO Protection From Contamination O 4-1A Food separated and protected		Oints	_			0	8-2A Food additives: app	un com a filosofi filosofi de la comi		0
		4-1B Proper disposition of returned, previously served,			1			V.	used	roperly identified, stored,	0	0
	0	reconditioned, and unsafe food	0	0		9 11	I OU	T NA NO	Conformance with A	Approved Procedures	4 pc	oints
	_		_	oints			0		#####################################	ance, specialized process	0	0
	8	4-2A Food stored covered	0	-		_			and HACCP plan		Ŭ	_
		4-2B Food-contact surfaces: cleaned & sanitized GOOD I	_	0	_	PACT	ICE	,				
	(Ma	ark the numbered item OUT, if not in compliance. For items marked OUT, ma							. R = Repeat Violation of the sa	me code provision = 1 point)		
		Good Retail Practices are preventive measures to control	-	1	duct					ects into foods.	Local	
	-	ance Status	cos		-		-	liance S	17, 17, 17, 17, 17, 17	Ta Ti -		R
	O	Safe Food and Water, Food Identification 10A. Pasteurized eggs used where required		oints	I	14	OUT	14A In-	Proper Use of I use utensils: properly store			Oint
-		10B. Water and ice from approved source	0	0			ŏ			roperly stored, dried, handled		ŏ
	0	10C. Variance obtained for specialized processing methods	0	0	4 1		0		gle-use/single-service article	s: properly stored, used		0
	0	10D. Food properly labeled; original container	0	0		15	OUT		oves used properly Utensils, Equipment	and Vending	-	Oint
11 0	TUC	Food Temperature Control	3 p	oints			0	15A. Fo	od and nonfood-contact si			0
10		11A. Proper cooling methods used: adequate equipment for	0	0			~		designed, constructed, ar		1000	
	-	temperature control 11B. Plant food properly cooked for hot holding	0		1 1		0		rewashing facilities: installed, nfood-contact surfaces cle	maintained, used; test strips		00
	0	11C. Approved thawing methods used	0	0		16	OUT		Water, Plumbing	and Waste	2 po	oints
40 0		11D. Thermometers provided and accurate	1000	0	1 1				t and cold water available			0
12 0	TUC	Prevention of Food Contamination 12A. Contamination prevented during food preparation, storage		oints	1 1				mbing installed; proper ba wage and waste water pro		_	00
	- 6	display			1 1	17	OUT		Physical Fac	ilities	1 pc	oint
		12B. Personal cleanliness	0	_			0		let facilities: properly const			0
_	_	12C. Wiping cloths: properly used and stored 12D. Washing fruits and vegetables	0				0		rbage/refuse properly disposical facilities installed, n		_	8
	UT	Postings and Compliance with Clean Air Act	1 p	oint			ŏ		equate ventilation and lighting	ng; designated areas used	0	ŏ
-	the latest terminal to the latest terminal termi	13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0	0		18	OUT	10 less	Pest and Anima	THE CONTRACTOR OF THE CONTRACT	3 po	oints
	0	13B. Compliance with Georgia Smoke Free Air Act	U	0	ı l		0	io. inse	cts, rodents, and animals	not present	U	0
Person i	n Ch	narge (Signature)			(Print	M	aria L	.opez	Date:	01/26/2023		
Inspecto	r (Si	ignature) Sul Slas EFFIS				Fo	ollow-	up: YE	s O NO ● Follow	-up Date: 01/26/2023		

s tablishment NBELIBUBBLE		Permit # 067-FSP-2758	2	Date 01/26/2023	
ddress 70 Peachtree Pkwy	Ci	y/State	Zip	Code	
70 Peachtree Pkwy		TEMPERATURE OBSER	VATIONS	GA 3009	92
Item/Location	Tomp	Item/Location		Item/Location	Tomp
rmapen (Calibration) / GNR Grayson Office	Temp	DeltaTrak (Calibration) / GNR Grayson Office	Temp 32.2 /	item/Location	Temp
	<u></u>	/	/		
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		1	1		
			/		
Item					
ımber		OBSERVATIONS AND CO	RRECTIVE AC	CTIONS	

stablishment NBELIBUBBLE	10 subsections (2)(h) and (i). Permit #	Date
ddress	067-FSP-27582 City/State	01/26/2023 Zip Code
270 Peachtree Pkwy	Norcross	GA 30092
Item Number	OBSERVATIONS AND CORRECTIVE	ACTIONS
omments:		
uestions? 770-963-5132 or www.gnrhealth.com		
Il cold and hot holding temperatures are in complia	nce unless otherwise noted.	
dditives: Flavored Syrups		
		04/00/0000
erson in Charge (Signature)		Date 01/26/2023
spector (Signature)	≤ 0 \sim 100	Date 01/26/2023