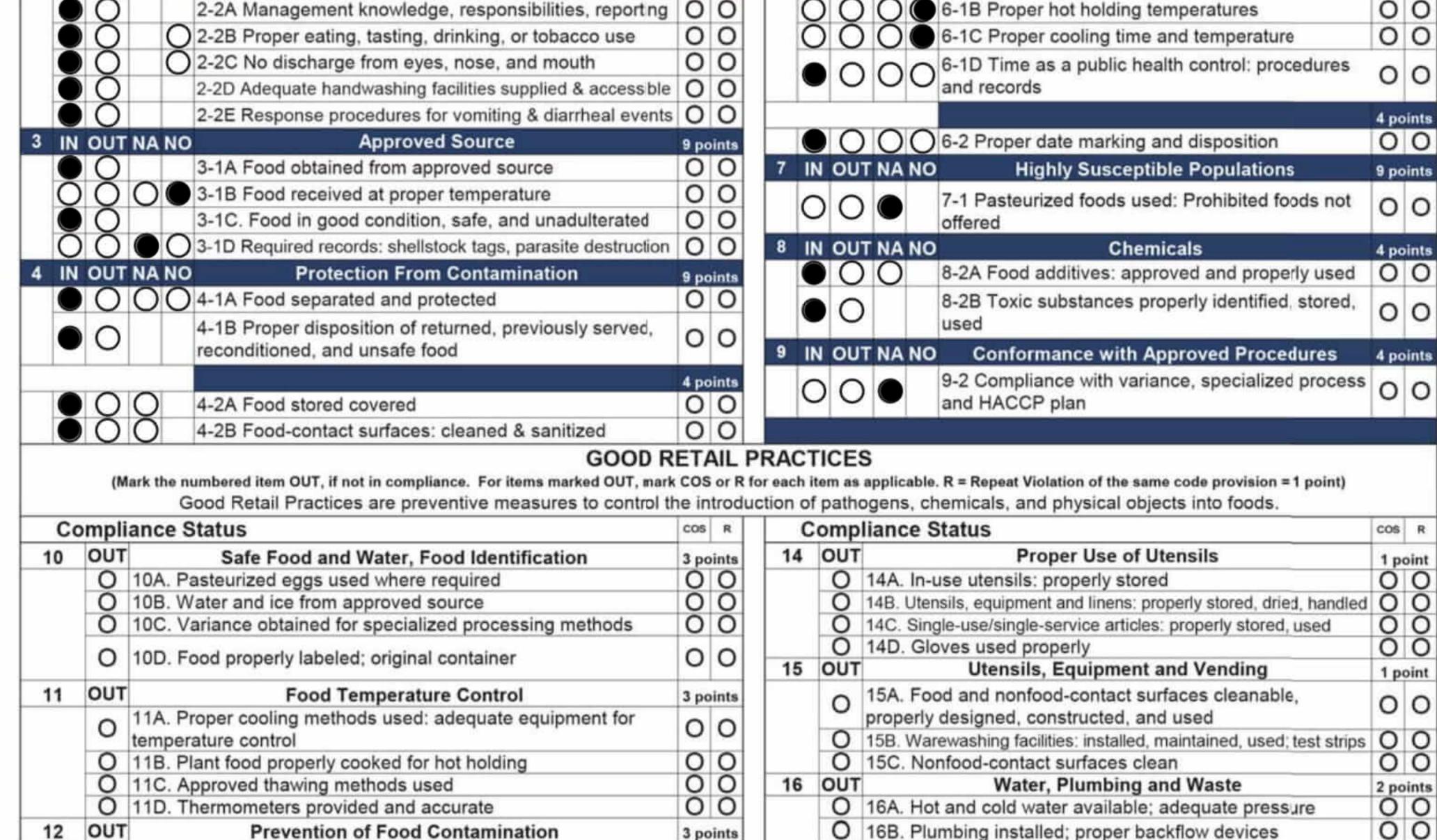
Page 1 of 3

GEORGIA DEPARTMENT OF PUBLIC HEALTH						CURRENT SCORE	CURRENT GRA	DE
	Food Service Establishment Inspection Report							
Establishment Name: SNOW FLAKE TEA HOUSE								
Address: 2180 Pleasant Hill Rd								
	ne Out:		PM				_	
Inspection Date: 11/01/2021 CFSM: Chi Poon 1574386	7							
Purpose of Inspection: Routine O Follow-up Compliant O	Last Score	Gra	de	Dat	te			
Preliminary O Other O	78		•	10/22/2	2021			
Risk Type: 1 () 2 () 3 () Permit#: 067-FS-11384								
Risk Factors are important practices or procedures as the most	Prior Score	Gra	de	Dat	le .			
contributing factors in foodborne illness outbreaks. Public Health	N/A	N	/A	03/02/	2020			
Interventions are control measures to prevent illness or injury.				03/02/	1.00	CORING AND GRADING: A=90	0-100 B=80-89 C=70-79	9 11<69
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS								
(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.) 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 a cinta	
IN=in compliance OUT=not in compliance NO=not observed NA=not applicable		orrecte					the same code provision	COS R
Compliance Status	COS R		C	ompii	ance	Status	I TOO DO A	COS R
1 IN OUT NA NO Supervision	4 points		IN	OUT	NA NO	Cooking and Reheatin		9 points
O 1-2A PIC present, demonstrates knowledge, performs dutie	100 C					Consumer A		
O O 1-2B Certified Food Protection Manager	00		C	D Q		5-1A Proper cooking time an		00
2 IN OUT NA NO Employee Health, Good Hygienic Practices,			C) O	\bullet	5-1B Proper reheating proce	edures for hot holding	00
Preventing Contamination by Hands	9 points							4 points
O 2-1A Proper use of restriction & exclusion	00		C	0		5-2 Consumer advisory prov	vided for raw and	00
O 2-1B Hands clean and properly washed	00		C			undercooked foods		00
O O O 2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed	00					Holding of TC	S Foods,	
approved alternate method properly followed	00	6	IN	001	NA NO	Date Marking of		9 points
	4 points			\mathbf{O}	00	6-1A Proper cold holding ter	and the second se	00
				X	XX		0.00	



1.64	00.	rievention of rood oontainingtion	2 p	Juina			U U	ob. I fullioning motalieu, p	roper backnow devices	
	0	12A. Contamination prevented during food preparation, storage,	0	0		10.000		6C. Sewage and waste v		ŏŏ
	display		-	\sim		17	OUT	Phys	ical Facilities	1 point
	0	12B. Personal cleanliness	0	0			0	7A. Toilet facilities: prope	erly constructed, supplied, cleaned	00
	0	12C. Wiping cloths: properly used and stored	0	00			0	7B. Garbage/refuse prop	erly disposed; facilities maintained	00
	0	12D. Washing fruits and vegetables	0	0			0	7C. Physical facilities ins	stalled, maintained, and clean	00
13	OUT	Postings and Compliance with Clean Air Act		oint			0	7D. Adequate ventilation a	and lighting; designated areas used	00
	0	13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0	0		18	OUT	Pest and	Animal Control	3 points
	0	13B. Compliance with Georgia Smoke Free Air Act	0	0			0	8. Insects, rodents, and a	animals not present	00
Perso	n in C	harge (Signature)		(P	rint)	С	ci Kit F	oon	Date: 11/01/2021	
Inspec	ctor (S	Signature) GLB FS				F	ollow-ı	P: YES O NO	Follow-up Date:	

Food Service	Establishm	ent Inspection	Report Ad	dendum	Page 2	_ of <u>3</u>	
Violations cited in this report must Regulations Food Service Chapter 5			w, or as stated in the (Georgia Department	of Public Health R	ules and	
Establishment SNOW FLAKE TEA HOUSE		Permit 067-FS-1	577.		Date 11/01/2021		
Address 2180 Pleasant Hill Rd			City/State Duluth	GA	Zip Cod 30096	le	
TEMPERATURE OBSERVATIONS							
Item/Location	Temp	Item/Location	Temp	ltem/Lo	ocation	Temp	
1	1			1			
1	1			1			
1	1			1			
1	1			1			
1	1			1			
1	1			1			
1				1			
1				1			
ltem Number	0	BSERVATIONS AND	CORRECTIVE	ACTIONS			



Person in Charge (Signature)	Date 11/01/2021
Inspector (Signature)	Date 11/01/2021

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).

Establishment SNOW FLAKE TEA HOUSE	Permit # 067-FS-11384		Date 11/01/2021				
Address 2180 Pleasant Hill Rd	City/State Duluth	GA	Zip Code 30096				
Item OBSERVATIONS AND CORRECTIVE ACTIONS							
Comments:							
www.gnrhealth.com; www.georgiaeh.us; QUESTIONS? CALL 770-963-5132.							
Cold holding items assessed at 41F or less.							
Additives: syrups, food coloring, extract.							
Raw shelled eggs used to make crepes.							
An additional routine inspection will be performed within 1 year.							
Correct by November 11, 2021: Install splash guards on both sides of handwashing sink in the front service area.							
Had owner don hair restraint. Chlorine sanitizer buckets labeled, "chlorine sanitizer."							



Person in Charge (Signature)	Date 11/01/2021
Inspector (Signature)	Date 11/01/2021