

	GEORGIA DEPARTMENT OF PUBLIC HEALTH	CURRENT SCORE	CURRENT GRADE
	Food Service Establishment Inspection Report		100
Establishment Name: <u>CULVERS</u> Address: <u>1133 Scenic Hwy S</u>			
City: <u>Lawrenceville</u> Time In: <u>02:20 PM</u> Time Out: <u>04:00 PM</u>			
Inspection Date: <u>10/25/2021</u> CFSM: <u>Christopher Howard 13565929 04/28/2021</u>			
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#: <u>067-FS-11971</u>			
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.			
		Last Score	Grade
		100	A
		Date	02/26/2020
		Prior Score	Grade
		95	A
		Date	10/24/2019
		SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U≤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 points																																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Compliance Status</th> <th>COS</th> <th>R</th> </tr> <tr> <td>1</td> <td>IN OUT NA NO Supervision 4 points</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1-2A PIC present, demonstrates knowledge, performs duties</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1-2B Certified Food Protection Manager</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>2</td> <td>IN OUT NA NO Employee Health, Good Hygienic Practices, Preventing Contamination by Hands 9 points</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-1A Proper use of restriction & exclusion</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-1B Hands clean and properly washed</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><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</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2A Management knowledge, responsibilities, reporting</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2B Proper eating, tasting, drinking, or tobacco use</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2C No discharge from eyes, nose, and mouth</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2D Adequate handwashing facilities supplied & accessible</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2E Response procedures for vomiting & diarrheal events</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>3</td> <td>IN OUT NA NO Approved Source 9 points</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 3-1A Food obtained from approved source</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> 3-1B Food received at proper temperature</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 3-1C. 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GOOD RETAIL PRACTICES
(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)
Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Compliance Status</th> <th>COS</th> <th>R</th> </tr> <tr> <td>10</td> <td>OUT Safe Food and Water, Food Identification 3 points</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="radio"/> 10A. Pasteurized eggs used where required</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input type="radio"/> 10B. Water and ice from approved source</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input type="radio"/> 10C. Variance obtained for specialized processing methods</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td></td> <td><input type="radio"/> 10D. 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Person in Charge (Signature) _____ (Print) Donny	Date: <u>10/25/2021</u>
Inspector (Signature) <u>SRS</u> SRS EHS	Follow-up: YES <input type="radio"/> NO <input checked="" type="radio"/> Follow-up Date: _____

Food Service Establishment Inspection Report Addendum

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 CULVERS	Permit # 067-FS-11971	Date 10/25/2021
Address 1133 Scenic Hwy S	City/State Lawrenceville GA	Zip Code 30045

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
beef patty / grill	187	Chicken breast / deep fryer	199	/	
/		/		/	
/		/		/	
/		/		/	
/		/		/	
/		/		/	
/		/		/	
/		/		/	

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions

Person in Charge (Signature)	Date 10/25/2021
Inspector (Signature)	Date 10/25/2021

Food Service Establishment Inspection Report Addendum

Page 3 of 3

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Establishment CULVERS	Permit # 067-FS-11971	Date 10/25/2021
Address 1133 Scenic Hwy S	City/State Lawrenceville GA	Zip Code 30045

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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Comments:

All temperatures in compliance
All frozen foods frozen solid
Questions samantha.spruill@gnrhealth.com 404.391.4262

Person in Charge (Signature)	Date 10/25/2021
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Inspector (Signature) 	Date 10/25/2021
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