GEORGIA DEPARTMENT OF PUBLIC HEALTH					CURRENT SCORE	CURRENT GRAD	DE	
Food Service Establishment Inspect Establishment Name: SNOW FLAKE TEA HOUSE	ion Re	epoi	rt					
City: Duluth 2180 Pleasant Hill Rd Time In: 01:05 PM Time	Out	0,	2.0E D	1	_			
City:Duluth			2:05 PI 2027	<u> </u>				
Purpose of Inspection: Routine Follow-up O Compliant O			Grade	D	ate	$\mathbf{Q}(\mathbf{I})$		
Preliminary O Other O	82		В	12/01	L/2022			
Risk Type: 1 0 2 • 3 0 Permit#: 067-FS-11384								
Risk Factors are important practices or procedures as the most	Prior Sco	re	Grade		ate			
contributing factors in foodborne illness outbreaks. Public Health	83		В	07/2	2/2022			
Interventions are control measures to prevent illness or injury.						SCORING AND GRADING: A=	90-100 B=80-89 C=70-79	U <u><</u> 69
FOODBORNE ILLNESS RISK FACT								
(Mark designated compliance status (IN, OUT, NA, or NO) for each IN=in compliance OUT=not in compliance NO=not observed NA=not applicable						spection R=Repeat violation of		2 points
Compliance Status	cos	R				Status	and dame dode providen	COS R
1 IN OUT NA NO Supervision	4 poi		5 1	N OU	TNAN	Cooking and Reheat	ing of TCS Foods,	9 points
1-2A PIC present, demonstrates knowledge, performs duties		-		00		Consumer		
1-2B Certified Food Protection Manager	0	O		\lesssim	_ > 3	5-1A Proper cooking time a		00
2 IN OUT NA NO Employee Health, Good Hygienic Practices,						5-1B Proper reheating prod	cedures for hot holding	00
Preventing Contamination by Hands 2-1A Proper use of restriction & exclusion	9 poi	O				5-2 Consumer advisory pro	ovided for raw and	4 points
O 2-1B Hands clean and properly washed		ŏ		\circ		undercooked foods	ovided for raw and	00
240 No have been december 100 and 11 and 6 and 11					T N/A N/	Holding of T	CS Foods,	
approved alternate method properly followed	0	0	6 1	N OU	T NA N	Date Marking o		9 points
	4 poi	_				6-1A Proper cold holding to		
2-2A Management knowledge, responsibilities, reporting	-	Charles Co.		$S \mid S$		6-1B Proper hot holding te	ACIN PROGRAMMA CONTRACTOR	00
2-2B Proper eating, tasting, drinking, or tobacco use	-	9				6-1C Proper cooling time a		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 & accessible		0				6-1D Time as a public hear and records	Ith control: procedures	00
2-2E Response procedures for vomiting & diarrheal event		-				una recordo		4 points
3 IN OUT NA NO Approved Source	9 poi			\mathcal{O}		6-2 Proper date marking a	nd disposition	00
3-1A Food obtained from approved source		0	THE OWNER OF THE OWNER,	NAME OF TAXABLE PARTY.	T NA N	THE RESERVE AND ADDRESS OF THE PARTY OF THE	7 12 12 12 12	9 points
O O 3-1B Food received at proper temperature		0				7-1 Pasteurized foods use	d: Prohibited foods not	00
3-1C. Food in good condition, safe, and unadulterated		0				offered		00
O O 3-1D Required records: shellstock tags, parasite destruction	The same of				TNAN	Statistical Statis	ACADINE CO.	4 points
4 IN OUT NA NO Protection From Contamination O O 4-1A Food separated and protected	9 poi				0	8-2A Food additives: appro	un over a film of the second	00
4 4D Desperation self-on a facture and approximately served)	8-2B Toxic substances pro used	peny identified, stored,	00
reconditioned, and unsafe food	0	0	9	N OU	T NA N	O Conformance with Ap	proved Procedures	4 points
	4 poi	_		0		9-2 Compliance with varian	nce, specialized process	00
4-2A Food stored covered 4-2B Food-contact surfaces: cleaned & sanitized	0	-				and HACCP plan		0
TED TOOL COTTLACT SUITACES. CICATICA A SATINIZED	0		2040	TIOT.				
GOOD F (Mark the numbered item OUT, if not in compliance. For items marked OUT, marked OU						e. R = Repeat Violation of the same	e code provision = 1 point)	
Good Retail Practices are preventive measures to control								
Compliance Status	cos	R	0	omp	liance	Status		COS R
10 OUT Safe Food and Water, Food Identification	3 poi	-	14	OUT		Proper Use of Ut		1 point
O 10A. Pasteurized eggs used where required O 10B. Water and ice from approved source		8		0		-use utensils: properly stored ensils, equipment and linens: pro		0 0
O 10C. Variance obtained for specialized processing methods	ŏ	ŏ		ŏ	14C. Sir	ngle-use/single-service articles:		00
O 10D. Food properly labeled; original container	0	0	45	O		loves used properly	and Mandina	00
11 OUT Food Temperature Control	3 noi	nte	15	OUT	SEC. 25.	Utensils, Equipment a ood and nonfood-contact sur		1 point
O 11A. Proper cooling methods used: adequate equipment for	3 poi	O		0		y designed, constructed, and	The state of the s	00
temperature control	10000			O		arewashing facilities: installed, m		00
O 11B. Plant food properly cooked for hot holding O 11C. Approved thawing methods used		8	16	OUT		onfood-contact surfaces clea Water, Plumbing ar		O O
O 11D. Thermometers provided and accurate	ŏ		10	0		ot and cold water available; a		00
12 OUT Prevention of Food Contamination	3 poi	nts		0	16B. PI	umbing installed; proper bac	kflow devices	00
O display 12A. Contamination prevented during food preparation, storage,	0	0	17	OUT		ewage and waste water prop Physical Facili		O O
O 12B. Personal cleanliness	0	0	.,,	0		oilet facilities: properly constru		OO
O 12C. Wiping cloths: properly used and stored	0	0		0	17B. G	arbage/refuse properly dispos	sed; facilities maintained	00
O 12D. Washing fruits and vegetables 13 OUT Postings and Compliance with Clean Air Act		0		0		hysical facilities installed, ma lequate ventilation and lighting	The state of the s	0 0
O 13A. Posted: Permit/Inspection/Choking Poster/Handwashing	1 po	O	18	-		Pest and Animal		3 points
O 13B. Compliance with Georgia Smoke Free Air Act	Ŏ	CONTRACTOR OF THE PARTY OF THE		0		ects, rodents, and animals no	ALCOHOL STATE OF THE STATE OF T	00
Person in Charge (Signature)		(Pr	int)	chi Po	on	Date:	04/14/2023	
		4.1		(C.374	V	ES O NO A		
Inspector (Signature)			F	ollow-	-up: ''	Follow-	up Date:	

Establishment SNOW FLAKE TEA HOUSE Address 2180 Pleasant Hill Rd		Perm	i it # S-11384	Date 04/14/2023		
		007-1	City/State		Zip Code	
		TEMPERATURE OF	Duluth	GA 30096		
	H - BOOK DATE:	TEMPERATURE OF			_	
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
ndensed milk / lowboy cooler	45	cream / lowboy cooler	46	whipped cream / lowboy cooler	46	
ter / lowboy cooler	47	1		<u>'</u>		
		1				
		/				
Item Iumber		OBSERVATIONS AN	D CORRECTIVE	ACTIONS		

stablishment NOW FLAKE TEA HOUSE	Permit # 067-FS-11384		Date 04/14/2023
ddress 80 Pleasant Hill Rd	City/State Duluth	GA	Zip Code 30096
Item ORSER	RVATIONS AND CORRECTIVE		30030
omments:	WATIONS AND SOMMESTIVE	ACTIONS	
ww.gnrhealth.com; www.georgiaeh.us; QUESTIONS? CALL 770-9	63-5132.		
old holding items assessed at 41F or less, unless otherwise specifi			
Iditives: food coloring, extracts, flavorings.			
ad PIC put data on aloe. Condensed milk opened last night.			
C adjusted temperature to lowboy cooler to 29F.			
C adjusted temperature to lowboy cooler to 29F.			
erson in Charge (Signature)			Date 04/14/2023