GEORGIA DEPARTMENT OF PUBL	IC HEA	LTH				CURRENT SCORE CURRENT GRADI	E
Food Service Establishment Inspect	tion Rep	port					
Establishment Name: PRIME WINGS Address: 3230 Medlock Bridge Rd							
City: Peachtree Corners Time In: 11:40 AM Time	Out: _	01:15	PM				
Inspection Date: 05/05/2023 CFSM: Jeongho Jo 1996437				Da	lo.		
Purpose of Inspection: Routine Follow-up O Compliant O Preliminary O Other O	86	В		5/26/			
Risk Type: 1 () 2 () Permit#: 067-FSP-27614	00			131 Z 01 i	2022		
	Prior Score	Grade	9	Dat	te		
contributing factors in foodborne illness outbreaks. Public Health	91	A	1	L0/27/	2021		
Interventions are control measures to prevent illness or injury.					\$	CORING 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 the same code provision=2	points
Compliance Status	cos R						COS R
1 IN OUT NA NO Supervision	4 point	_	IN	оит	NA NO	Cooking and Reheating of TCS Foods,	9 points
1-2A PIC present, demonstrates knowledge, performs duties						Consumer Advisory	00
1-2B Certified Food Protection Manager Employee Health, Good Hygienic Practices,	0 0	4	ŏ	X	\simeq		0 0
2 IN OUT NA NO Preventing Contamination by Hands	9 point	ts	0	_			4 points
2-1A Proper use of restriction & exclusion	00)	0	0		5-2 Consumer advisory provided for raw and	00
O 2-1B Hands clean and properly washed	0 0		0	0		undercooked foods	00
O O 2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed	00	6	IN	OUT	NA NO		
approved alternate metriod property followed	4 point	9		\bigcirc	\circ		9 points
2-2A Management knowledge, responsibilities, reporting			ŏ	ŏ	\simeq		00
2-2B Proper eating, tasting, drinking, or tobacco use	00)	Ŏ	Ŏ	Ŏĕ	6-1C Proper cooling time and temperature	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 & access blee	0 0	- Contract	0	0		6-1D Time as a public health control: procedures	00
		_				una recordo	
2-2E Response procedures for vomiting & diarrheal event Approved Source				\cap	\cap		4 points
3-1A Food obtained from approved source	9 point	_	IN	OUT	NA NO	CONTRACTOR OF THE PROPERTY OF	9 points
O O 3-1B Food received at proper temperature	00	_					
3-1C. Food in good condition, safe, and unadulterated	0 0		0	O		offered	0 0
O O 3-1D Required records: shellstock tags, parasite destruction	00	8		$\overline{}$	NA NO	S-MSHAWAANISS	4 points
4 IN OUT NA NO Protection From Contamination	9 point	_	O	O			00
4-1B Proper disposition of returned, previously served,	0 0			0		8-2B Toxic substances properly identified, stored, used	00
reconditioned, and unsafe food	0 0	9	IN	OUT	NA NO	Conformance with Approved Procedures	4 points
	4 point	_	0	0		9-2 Compliance with variance, specialized process	00
4-2A Food stored covered	0 0	_	0	_		and HACCP plan	0 0
4-2B Food-contact surfaces: cleaned & sanitized GOOD F	OC		CTI	CEC			
(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark						e. R = Repeat Violation of the same code provision = 1 point)	
Good Retail Practices are preventive measures to control	the intro	duction	of p	atho	gens, c	hemicals, and physical objects into foods.	
Compliance Status	COS R				ance	otata o	COS R
10 OUT Safe Food and Water, Food Identification O 10A. Pasteurized eggs used where required	3 point		-	O 1	4A In-	use utensils: properly stored	1 point
O 10B. Water and ice from approved source	00)	-	_			ŏŏ
O 10C. Variance obtained for specialized processing methods	0 0)		_			00
O 10D. Food properly labeled; original container	0 0) 1		O 1	4D. G	oves used properly Utensils, Equipment and Vending	O O
11 OUT Food Temperature Control	3 point	ts		0 1	5A. Fo	and and manfood contact surfaces alconoble	00
O 11A. Proper cooling methods used: adequate equipment for	00					designed, constructed, and used	00
O 11B. Plant food properly cooked for hot holding	00	5	- Inner				80
O 11C. Approved thawing methods used	00) 1		TUC		Water, Plumbing and Waste	2 points
O 11D. Thermometers provided and accurate 12 OUT Prevention of Food Contamination	00						000
12A Contamination provented during food proparation storage	3 point		-				ŏŏ
display	0 0	1	7 0	TUC		Physical Facilities	1 point
O 12B. Personal cleanliness O 12C. Wiping cloths: properly used and stored	0 0		-				000
O 12D. Washing fruits and vegetables	ŏč		-			nysical facilities installed, maintained, and clean	00
13 OUT Postings and Compliance with Clean Air Act	1 poin	1000		CONTRACTOR TO SERVICE AND ADDRESS OF THE PARTY OF T	7D. Ad		00
O 13A. Posted: Permit/Inspection/Choking Poster/Handwashing O 13B. Compliance with Georgia Smoke Free Air Act	0 0	3 1		O 1	8. Inse		3 points
						05/05/0000	
Person in Charge (Signature)		(Print)	Jeo	nghc		Date: 05/05/2023	
Inspector (Signature) SRS EHS			Foll	low-u	ıp: YE	S O NO Follow-up Date:	

Food Service	Establishn	nent Inspection Re	port Adde	endum Page 2_	of <u>3</u>	
Violations cited in this report mus	st be corrected within to	he time frames specified below, or a			Rules and	
Regulations Food Service Chapte Establishment	er 511-6-1, Rule .10 sub:			Date		
PRIME WINGS		Permit # 067-FSP-27614			05/05/2023	
Address 3230 Medlock Bridge Rd		77	y/State	Zip C		
0200 Wedlook Bridge Ra		TEMPERATURE OBSER	chtree Corners	GA 30092		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
wings / deep fryer	201 /	item/Location	/	item/Location	remp	
/	1		1			
1	1		1			
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Item	•	DBSERVATIONS AND CO	PRECTIVE AC	TIONS		
Number		DOLKVATIONS AND CO	KKECTIVE AC	TIONS		
70						
70						
Person in Charge (Signature)				Date 05/05/2023		
Inspector (Signature)	5RS			Data or or or or		
mspector (Signature)				Date 05/05/2023		

Food Service Establishment Inspection Report Addendum Page 3of 3				
Violations cited in this report must be corrected within to Regulations Food Service Chapter 511-6-1, Rule .10 subs	he time frames specified below, or as stated in	20 MT 1 May 2 MT 2000 TT 1 MT MT	t of Public Health Rules and	
Establishment PRIME WINGS	Permit # 067-FSP-27614		Date 05/05/2023	
Address 3230 Medlock Bridge Rd	City/State Peachtree Corne	ers GA	Zip Code 30092	
Item Number	DBSERVATIONS AND CORRECT	IVE ACTIONS		
Comments:				
All cold and hot holding in compliance unless otherwise not All frozen foods frozen solid	ted			
Questions www.gnrhealth.com 770.963.5132				
			7-	
			1.	
			7	
			-	
Person in Charge (Signature)			Date 05/05/2023	
			Date 35.55. ESE	
Inspector (Signature)			Date 05/05/2023	