Food Facility Inspection Report 8/8/15, 2:01 PM

1	GEORGIA DEPARTMENT OF PUBLIC HEALTH Food Service Establishment Inspection Report									CUR	RENT	SCORE	CURRENT	GRA	\DF							
Establishment Name: Twins Pizza & Steak																						
_						ss: 1104 W Main ST		—	—		—		—	—		ł						
City:	ᆫ	<u>aFa</u>	yet	.te	Time In:	12 : 00 <sub>PM</sub>	Time	Out	t:	12	_:	55	_	PM			7			A		ĺ
Inspe	ect	ion	Da	te:	07/23/201	CFSM: Laura Yo	oung	11-1	_								<u>.</u>					ĺ
	Inspection Date: 07/23/2015 CFSM: Laura Young 11-14-17 Purpose of Inspection: Construction/Preoperational O Initial O Routine Follow-up O Temporary O										1		ļ									
						Permit#: FSP-146-000101				or Score		Grade			)ate							
Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public pathogens, chemicals, and physical chealth Interventions are control measures to prevent illness or injury.							of		92	- 1	A	1		)2/15								
Hearuri	ntei	/ention	ns a	ire u	FOOD	BORNE ILLNESS RISK	FAC	TOF	RS /	ANI	D F	UBLI	IC F	HE/	\LTH		AND GRA		A=90-100 B=80-89 C	=70-79	U≤6	9
		IN=i	ი ((	nmp		liance staus (IN, OUT, NA, or NO) for ance NO=not observed NA=not ag								ked 0	DUT, ma	ark COS or	r R for ea	ch item as		oints		
Comp	liar			_	ance Con-not in compile	Alloe 110-liot observed 113-liot ap	эрпоас.	cos	-			pliance	_		Collon	п-горос	at violatio.	TOI IIIO OG.	ne code providion-2 p.		os	R
1 11	10	UT N	1 A	NO		Supervision		4 p	oints	s	5	IN OUT	TNA	NO	Co				tentially Hazardou	s g	noi	ints
	,	0	Ī		1-2. Person in charge pre performs duties	resent, demonstrates knowledge, a	and	0	0						- 10			onsumer	Advisory nperatures		_	
	+	1		一	•	iood Hygenic Practices, Prevent	tina	-		-11			_	_							_	0
2 IN		OUT NA NO Contamination by Hands				9		oints	ᆚᅡ		0	U	-	5-1b.	1B. Proper reheating procedures for hot holding					_	ints	
	_	2-1A. Proper use of restriction & exclusion						0	_		$\overline{}$		Τ_	$\mathbf{T}$	5-2. C	onsumer a	advisory	nrovided t	for raw and		İ	
•	Ť	0	- 1		2-1B. Hands clean and p	· · ·	arayod	0	0	$\dashv$ L		0	•			cooked for		promeer		Ç	0	0
	Ľ	0 0	0		2-10. No bare hand conta alternate method properly	tact with ready-to-eat foods or app ly followed	Jioveu	0	0	1	6	IN OUT	ГΝΑ	NO	Н				rdous Foods, Date	9	poi	ints
	_	_	_					_	oints		$\dashv$	• 0	0	+	6-1A.	Proper co				-	0	0
	_	0	4	-		reness; policy present; reporting		0	0				_	-		Proper ho		• .		- 0	_	0
	_	0	_	_		ting, drinking, or tobacco use		0	0				_	-		Proper co				0	_	0
	_	0	+	_	2-2C. No discharge from	n eyes, nose, and mouth ashing facilities supplied & accessi	ihla	0	0		ŀ	0 0		0	6-1D.	Time as a			trol; procedures and		0	0
3 IN	-	_	IA N	NO	·	asning facilities supplied & accessi	Die	_	oints	-11		5	•		record		•		••			
	4	0	7			m approved source, parasite destr	ruction	_	0			-1-	_	_							<u> </u>	ints
C	_	_	0	_	3-1B. Food received at pr			0		)	_	• 0	_		6-2. Pi	Proper date marking and disposition						0
•	_	0	I	$\Box$	3-1C. Food in good cond	dition, safe, and unadulterated		0	0		-	IN OUT	4-	+ +	7 1 D			-	opulations	_	poi	
4 IN	4		IA N	10		on from Contamination		-	oints		_	O O	I NA	_	/-1. F	asteurized		sed; Proh	ibited foods not offe	_	O poi	O
	4	0 0	0		4-1A. Food separated an	<u> </u>		0	0	46	-	0 0	4	+	Q-2A	Food addi			nd properly used		<u> </u>	O
	1	0	ı		4-1B. Proper disposition of unused food not re-serve	of contaminated food; returned foed	od or	0	0	1	_ F	0 0	-	_			- ' '	<u>'</u>	la property used lentified, stored, use		_	0
	_		_	J				4 p	oints	s	_	IN OUT	ΓΝΑ	_	F				ved Procedures			ints
	_	O O 4-2A. Food stored covered					0	0		Ħ	+	_		9-2. C				ecialized process ar	1	Ė		
	)	O O 4-2B. Food-contact surfaces; cleaned & sanitized						0				0 0				P plan					0	0
		Mark	the	nii.	mbered item OUT, if not in							CTICE		nlica	hla R:	– Reneat V	iolation o	of the came	e code provision = 1	noint)		
Comp					Ilbered item 001, 11 110	1 Compilation 1 of Reine market 55	cos		S or R for each item as applicable. R = Repeat Violation of the same code provision = 1 p  Compliance Status								os	R				
10	OU		_	_		er, Food Identification	_	oints	][1	14	OU.	_						Utensils			1 po	
	0	_			teurized eggs used where		0	0	41	ŀ	0	+				properly s			bondlod		_	0
	0	_			er and ice from approved ance obtained for special	d source alized processing methods	0	0	$\parallel \parallel$	ŀ	0	+							ored, dried, handled stored, used		0	0
	0	100				nal container; required records	0	0	1	ŀ	0		_		sed pro		artiolog,	ριορο, .	30104, 4004	_	0	0
		ava	ailal	ole;	shellstock tags				┧╚	15	OU.	r	_		Ut	ensils, Ed	quipmen	t and Ver	nding		1 po	
11	ΟU	11.0	4 F	oror.		d; adequate equipment for		oints	<b>∤</b> [		0				l nonfo nd use		t surface	es cleanab	ole, properly designe	ed,	0	0
	O				ure control	1, adequate equipment for	0	0	]]	ŀ	0						stalled, n	naintained	d, used; test strips		0	0
	0	_			t food properly cooked fo		0	0	][_		•	+				ct surfaces					ò	ō
	0				roved thawing methods u		0	0	10	16	OU.	Г					_	and Was			2 poi	
10	0	_	11D. Thermometers provided and accurate					oints	41	ŀ	0	_	16A. Hot and cold water available; adequate pressure  16B. Plumbing installed; proper backflow devices						_	0		
12		12/	12A Contamination provented during food proparation, storage					т —	-11	ŀ	0					ed; proper backflow devices aste water properly disposed						0
	0	display				0	0	J⊨₁	17	_	Γ	100. Gewage and we			Physical Facilities					1 po		
	O 12B. Personal cleanliness				0	0	]		0	17A. 7				properly constructed, supplied, cleaned					0	0		
	0	1 0 11 1						0	41	ļ	17B. Garbage/refuse properly disposed; facilities maintained					(	_	0				
40	<u>.</u>								41	17C. Physical facilities installed, maintained, and clean     17D. Adequate ventilation and lighting; designated areas used							_	0				
311 111 111					1 p	ooint	╢	18	OU.	_	Aaec	quate	, venu			designate al Contro			O 3 poi	O		
	0	_			ppliance with Georgia Sm		0	0	╢	10	0	+	sect	s roc	dents.	and anima			I			0
<b> </b> '	~	1		<i>/</i> C	pilation with acting	ione i roo / iii / ioi	~	_	J		_	10	000.	0,	, , , , , , , , , , , , , , , , , , ,	una a	uio <sub>F</sub>			1 -	_	_
Perso	n ir	) Cha	ırge	<u> </u>	Signature)				(Pr	rint)	Ke	у					0	<b>Date:</b> 07/	23/2015			
Insper	Inspector (Signature) Kacy Hurlbert Follow-up: YES O NO Follow-up Date:										Fol	low-up	):	YES	0	NO 🖲						

Food Facility Inspection Report 8/8/15, 2:01 PM

## **Food 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 Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsections (2)(i) and (j).

Establishment Twins Pizza & Steak Permit # FSP-146-000101 **Date** 07/23/2015 City/State LAFAYETTE GA Address 1104 W MAIN ST Zipcode 30728

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp		
Other PHF Marinara / Hot-Hold Unit,	198.0 ° F	Beef Steak / Refrigerator,	34.0 ° F	Other PHF Pasta noodles / Cold-Hold Unit, on ice	41.0 ° F		
Other PHF Marinara / Walk-In Cooler, cooling	54.0 ° F	Other PHF Provalone cheese / Walk-In Cooler,	39.0 ° F	Other PHF Spaghetti noodles / Walk-In Cooler,	39.0 ° F		
Other PHF Tuna salad / salad bar, salad bar	39.0 ° F	Other PHF Sliced tomatoes / salad bar, Salad bar	40.0 ° F	Other PHF Pizza sauce / Prep Area,	38.0 ° F		
Other PHF Tomatoes / Prep Area.	39.0 ° F						

39.0 ° F

**OBSERVATIONS AND CORRECTIVE ACTIONS** 

8-2B Violation of Code: [.07(6)(b)] Observed bottles with liquids/chemicals not properly labeled. /CA: PIC will label. Corrected On-Site. New Violation.

15C Violation of Code: [.05(7)(d)] Observed food debris build-up in the shelves in the walk-in cooler. /CA: PIC will clean shelves. Corrected On-Site. New Violation.

Remarks

Date: 07/23/2015 Person in Charge (Signature)

Inspector (Signature) Kacy Hurlbert Date: 07/23/2015