

DEPARTMENT OF COMMUNITY HEALTH, DIVISION OF PUBLIC HEALTH  
Food Service Establishment Inspection Report

Establishment Name: FIRST PRESBYTERIAN-CULINARY DEPT.

Address: 1100 1ST AVE PO BOX 1094

City: COLUMBUS Time In: 01 : 45 PM Time Out: 02 : 50 PM

Inspection Date: 08/17/2010 CFMS: Needed

Purpose of Inspection: Routine  Followup  Complaint   
Preliminary  Other

Risk Type: 1  2  3  Permit#: 106-1082

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 Health Interventions are control measures to prevent illness or injury.

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Last Score	Grade	Date
96	A	03/02/10
Prior Score	Grade	Date
91	A	10/22/09

CURRENT SCORE	CURRENT GRADE
93	A
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. Deduct points for category or subcategory.)  
IN=in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=repeat violation (violation of the same code provision)= 2 points per subcategory

Compliance Status					COS	R	Compliance Status					COS	R		
1	IN	OUT	NA	NO			5	IN	OUT	NA	NO				
Supervision - Subcategory 2					4	points	Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory - Subcategory 1					9	points		
1-2. Person in charge present, demonstrates knowledge, and performs duties					<input type="checkbox"/>	<input checked="" type="checkbox"/>	5-1A. Proper cooking time and temperatures					<input type="checkbox"/>	<input type="checkbox"/>		
2					IN	OUT	NA	NO							
Employee Health, Good Hygienic Practices, Preventing Contamination by Hands - Subcategory 1					9	points	5-1B. Proper reheating procedures for hot holding					<input type="checkbox"/>	<input type="checkbox"/>		
2-1A. Proper use of restriction & exclusion					<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory-Subcategory 2					4	points		
2-1B. Hands clean and properly washed					<input type="checkbox"/>	<input type="checkbox"/>	5-2. Consumer advisory provided for raw and undercooked foods					<input type="checkbox"/>	<input type="checkbox"/>		
2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed					<input type="checkbox"/>	<input type="checkbox"/>	6					IN	OUT	NA	NO
Employee Health, Good Hygienic Practices-Subcategory 2					4	points	Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Foods - Subcategory 1					9	points		
2-2A. Management awareness; policy present; reporting					<input type="checkbox"/>	<input type="checkbox"/>	6-1A. Proper cold holding temperature					<input type="checkbox"/>	<input type="checkbox"/>		
2-2B. Proper eating, tasting, drinking, or tobacco use					<input type="checkbox"/>	<input type="checkbox"/>	6-1B. Proper hot holding temperature					<input type="checkbox"/>	<input type="checkbox"/>		
2-2C. No discharge from eyes, nose, and mouth					<input type="checkbox"/>	<input type="checkbox"/>	6-1C. Proper cooling time and temperature					<input type="checkbox"/>	<input type="checkbox"/>		
2-2D. Adequate handwashing facilities supplied & accessible					<input type="checkbox"/>	<input type="checkbox"/>	6-1D. Time as a public health control; procedures and records					<input type="checkbox"/>	<input type="checkbox"/>		
3					IN	OUT	NA	NO							
Approved Source - Subcategory 1					9	points	Date Marking-Subcategory 2					4	points		
3-1A. Food obtained from approval source, parasite destruction					<input type="checkbox"/>	<input type="checkbox"/>	6-2. Proper date marking and disposition					<input type="checkbox"/>	<input type="checkbox"/>		
3-1B. Food received at proper temperature					<input type="checkbox"/>	<input type="checkbox"/>	7					IN	OUT	NA	NO
3-1C. Food in good condition, safe, and unadulterated					<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations - Subcategory 1					9	points		
4					IN	OUT	NA	NO							
Protection from Contamination - Subcategory 1					9	points	7-1. Pasteurized foods used; Prohibited foods not offered					<input type="checkbox"/>	<input type="checkbox"/>		
4-1A. Food separated and protected					<input type="checkbox"/>	<input type="checkbox"/>	8					IN	OUT	NA	NO
4-1B. Proper disposition of returned, previously served, reconditional, and unsafe food					<input type="checkbox"/>	<input type="checkbox"/>	Chemicals - Subcategory 2					4	points		
Protection from Contamination-Subcategory 2					4	points	8-2A. Food additives; approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>		
4-2A. Food stored covered					<input type="checkbox"/>	<input type="checkbox"/>	8-2B. Toxic substances properly identified, stored, used					<input type="checkbox"/>	<input type="checkbox"/>		
4-2B. Food-contact surfaces; cleaned & sanitized					<input type="checkbox"/>	<input type="checkbox"/>	9					IN	OUT	NA	NO
							Conformance with Approved Procedures - Subcategory 2					4	points		
							9-2. Compliance with variance, specialized process and HACCP plan					<input type="checkbox"/>	<input type="checkbox"/>		

**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 cose provision) = 1 point per category)

Compliance Status					COS	R	Compliance Status					COS	R
10	OUT						14	OUT					
Safe Food and Water, Food Identification					3	points	Proper Use of Utensils					1	point
10A. Pasteurized eggs used where required					<input type="checkbox"/>	<input type="checkbox"/>	14A. In-use utensils; properly stored					<input type="checkbox"/>	<input type="checkbox"/>
10B. Water and ice from approved source					<input type="checkbox"/>	<input type="checkbox"/>	14B. Utensils, equipment and linens; properly stored, dried, handled					<input type="checkbox"/>	<input type="checkbox"/>
10C. Variance obtained for specialized processing methods					<input type="checkbox"/>	<input type="checkbox"/>	14C. Single-use/single-service articles; properly stored, used					<input type="checkbox"/>	<input type="checkbox"/>
10D. Food properly labeled; original container; required records available; shellstock tags					<input type="checkbox"/>	<input type="checkbox"/>	14D. Gloves used properly					<input type="checkbox"/>	<input type="checkbox"/>
11					OUT		15					OUT	
Food Temperature Control					3	points	Utensils, Equipment and Vending					1	point
11A. Proper cooling methods used; adequate equipment for temperature control					<input type="checkbox"/>	<input type="checkbox"/>	15A. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					<input type="checkbox"/>	<input type="checkbox"/>
11B. Plant food properly cooked for hot holding					<input type="checkbox"/>	<input type="checkbox"/>	15B. Warewashing facilities; installed, maintained, used; test strips					<input type="checkbox"/>	<input type="checkbox"/>
11C. Approved thawing methods used					<input type="checkbox"/>	<input type="checkbox"/>	15C. Nonfood-contact surfaces clean					<input type="checkbox"/>	<input type="checkbox"/>
11D. Thermometers provided and accurate					<input type="checkbox"/>	<input type="checkbox"/>	16					OUT	
12					OUT		Water, Plumbing and Waste					2	points
Prevention of Food Contamination					3	points	16A. Hot and cold water available; adequate pressure					<input type="checkbox"/>	<input type="checkbox"/>
12A. Contamination prevented during food preparation, storage display					<input type="checkbox"/>	<input type="checkbox"/>	16B. Plumbing installed; proper backflow devices					<input type="checkbox"/>	<input type="checkbox"/>
12B. Personal cleanliness					<input type="checkbox"/>	<input type="checkbox"/>	16C. Sewage and waste water properly disposed					<input type="checkbox"/>	<input type="checkbox"/>
12C. Wiping cloths; properly used and stored					<input type="checkbox"/>	<input type="checkbox"/>	17					OUT	
12D. Washing fruits and vegetables					<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities					1	point
13					OUT		17A. Toilet facilities; properly constructed, supplied, cleaned					<input type="checkbox"/>	<input type="checkbox"/>
Postings and Compliance with Clean Air Act					1	point	17B. Garbage/refuse properly disposed; facilities maintained					<input checked="" type="checkbox"/>	<input type="checkbox"/>
13A. Posted: Permit/Inspection/Choking Poster/Handwashing					<input type="checkbox"/>	<input type="checkbox"/>	17C. Physical facilities installed, maintained, and clean					<input type="checkbox"/>	<input type="checkbox"/>
13B. Compliance with Georgia Smoke Free Air Act					<input type="checkbox"/>	<input type="checkbox"/>	17D. Adequate ventilation and lighting; designated areas used					<input type="checkbox"/>	<input type="checkbox"/>
							18					OUT	
							Pest and Animal Control					3	points
							18. Insects, rodents, and animals not present					<input type="checkbox"/>	<input type="checkbox"/>

# 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).*

<b>Establishment</b> FIRST PRESBYTERIAN-CULINARY DEPT.	<b>Permit #</b> 106-1082	<b>Date</b> 08/17/2010
<b>Address</b> 1100 1ST AVE PO BOX 1094	<b>City/State</b> COLUMBUS GA	<b>Zipcode</b> 31901

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
mayonaise / Cold-Hold Unit	39.0 °F	Cheese / Cold-Hold Unit	40.0 °F	shelled egg / Cold-Hold Unit	37.0 °F

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

1-2 CFSM not on staff (Repeat x 2) Repeat Violation

17B No waste receptacle provided at kitchen handwash sink for disposal of paper towels. Corrected On-Site. New Violation.

Remarks Limited amount of PHF on premises

<b>Person in Charge (Signature)</b>	(Print)	<b>Date:</b> 08/17/2010
<b>Inspector (Signature)</b>	Kristi Ludy	<b>Follow-up YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <b>Discussed With:</b> Cynthia Hollis <b>Follow-up Date:</b> <b>Title:</b> Peron in Charge