

GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Britt David Elementary School
Address: 5801 Armour Rd
City: Columbus Time In: 9:50 AM / PM Time Out: 10:10 AM / PM
Inspection Date: 3, 2 10 CFSM: Nancy Brannon exp 7/2012
Purpose of Inspection: Routine Follow-up Complaint
Preliminary Other
Risk Type: 1 2 3 Permit#: 106-043
Last Score: 94 Grade: A Date: 8/21 2009
Prior Score: 100 Grade: A Date: 12/10 2008

CURRENT SCORE **CURRENT GRADE**

98 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 number 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 of the same code provision)=2 points per subcategory

Compliance Status	COS	R
1 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supervision - Subcategory 2 4 points	<input type="checkbox"/>	<input type="checkbox"/>
1-2. Person in charge present, demonstrates knowledge, and performs duties; CFSM on staff	<input type="checkbox"/>	<input type="checkbox"/>
2 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Employee Health, Good Hygienic Practices, Preventing Contamination by Hands-Subcategory 1 9 points	<input type="checkbox"/>	<input type="checkbox"/>
2-1A. Proper use of restriction & exclusion	<input type="checkbox"/>	<input type="checkbox"/>
2-1B. Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>
2-1C. No bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health, Good Hygienic Practices Subcategory 2 4 points	<input type="checkbox"/>	<input type="checkbox"/>
2-2A. Management awareness; policy present; reporting	<input type="checkbox"/>	<input type="checkbox"/>
2-2B. Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
2-2C. No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>
2-2D. Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>
3 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved Source -Subcategory 1 9 points	<input type="checkbox"/>	<input type="checkbox"/>
3-1A. Food obtained from approved source; parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
3-1B. Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
3-1C. Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
4 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Protection from Contamination-Subcategory 1 9 points	<input type="checkbox"/>	<input type="checkbox"/>
4-1A. Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination-Subcategory 2 4 points	<input type="checkbox"/>	<input type="checkbox"/>
4-2A. Food stored covered	<input type="checkbox"/>	<input type="checkbox"/>
4-2B. Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status	COS	R
6 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory -Subcategory 1 9 points	<input type="checkbox"/>	<input type="checkbox"/>
5-1A. Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
5-1B. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory-Subcategory 2 4 points	<input type="checkbox"/>	<input type="checkbox"/>
5-2. Consumer advisory provided for raw and undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>
6 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Foods - Subcategory 1 9 points	<input type="checkbox"/>	<input type="checkbox"/>
6-1A. Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
6-1B. Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
6-1C. Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
6-1D. Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>
Date Marking-Subcategory 2 4 points	<input type="checkbox"/>	<input type="checkbox"/>
6-2. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
7 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Highly Susceptible Populations -Subcategory 1 9 points	<input type="checkbox"/>	<input type="checkbox"/>
7-1. Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
8 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chemicals - Subcategory 2 4 points	<input type="checkbox"/>	<input type="checkbox"/>
8-2A. Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>
8-2B. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
9 IN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Conformance with Approved Procedures - Subcategory 2 4 points	<input type="checkbox"/>	<input type="checkbox"/>
9-2. Compliance with variance, specialized process and HACCP plan process and HACCP	<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 code provision) = 1 point per category)

Compliance Status	COS	R
10 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Safe Food and Water, Food Identification 3 points	<input type="checkbox"/>	<input type="checkbox"/>
10A. Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>
10B. Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>
10C. Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
10D. Properly labeled; original container; required records: shellstock tags; segregated distressed food	<input type="checkbox"/>	<input type="checkbox"/>
11 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food Temperature Control 3 points	<input type="checkbox"/>	<input type="checkbox"/>
11A. Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>
11B. Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
11C. Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>
11D. Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>
12 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prevention of Food Contamination 3 points	<input type="checkbox"/>	<input type="checkbox"/>
12A. Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>
12B. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
12C. Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>
12D. Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
13 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postings and Compliance with Clean Air Act 1 point	<input type="checkbox"/>	<input type="checkbox"/>
13A. Posted: Permit/Inspection/Choking Poster/Handwashing	<input type="checkbox"/>	<input type="checkbox"/>
13B. Compliance with Georgia Smoke-free Air Act	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status	COS	R
14 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper Use and Handling of Utensils 1 point	<input type="checkbox"/>	<input type="checkbox"/>
14A. In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>
14B. Utensils, equipment and linens: properly stored, dried, handled	<input type="checkbox"/>	<input type="checkbox"/>
14C. Single-use/single-service articles: properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>
14D. Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
15 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils, Equipment and Vending 1 point	<input type="checkbox"/>	<input type="checkbox"/>
15A. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>
15B. Warewashing facilities: installed, maintained, used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
15C. Nonfood-contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
16 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water, Plumbing and Waste 2 points	<input type="checkbox"/>	<input type="checkbox"/>
16A. Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
16B. Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
16C. Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
17 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical Facilities 1 point	<input type="checkbox"/>	<input type="checkbox"/>
17A. Toilet facilities: properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>
17B. Garbage/refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
17C. Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>
17D. Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>
18 OUT <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pest and Animal Control 3 points	<input type="checkbox"/>	<input type="checkbox"/>
18. Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) Nancy Brannon (Print) Nancy Brannon Date: 3/2/10
Inspector (Signature) Hellman EHS IV Follow-up: YES NO Follow-up Date: / /

