

GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Columbus Civic Center - Grille
Address: 400 7th Ave
City: Columbus Time In: 2:35 AM/PM Time Out: 2:55 AM/PM
Inspection Date: 3/30/10 CFMS: NO CFMS yet

Purpose of Inspection: Routine Follow-up Complaint
Preliminary Other
Risk Type: 1 2 3 Permit#: 106-000017

Last Score	Grade	Date
<u>108</u>	<u>A</u>	<u>10/15/2009</u>

Prior Score	Grade	Date
<u>New</u>		

CURRENT SCORE: 96 CURRENT GRADE: 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	OUT	NA	NO	COS	R	Compliance Status	Points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Supervision - Subcategory 2	4 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1-2. Person in charge present, demonstrates knowledge, and performs duties; CFMS on staff	0 0
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2-1A. Proper use of restriction & exclusion	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2-1B. Hands clean and properly washed	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2-1C. No bare hand contact with ready-to-eat foods	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Employee Health, Good Hygienic Practices Subcategory 2	4 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2-2A. Management awareness; policy present; reporting	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2-2B. Proper eating, tasting, drinking, or tobacco use	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2-2C. No discharge from eyes, nose, and mouth	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2-2D. Adequate handwashing facilities supplied & accessible	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Approved Source - Subcategory 1	9 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			3-1A. Food obtained from approved source; parasite destruction	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			3-1B. Food received at proper temperature	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			3-1C. Food in good condition, safe, and unadulterated	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Protection from Contamination - Subcategory 1	9 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			4-1A. Food separated and protected	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Protection from Contamination - Subcategory 2	4 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			4-2A. Food stored covered	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			4-2B. Food-contact surfaces: cleaned & sanitized	0 0
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5-1A. Proper cooking time and temperatures	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5-1B. Proper reheating procedures for hot holding	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Consumer Advisory - Subcategory 2	4 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5-2. Consumer advisory provided for raw and undercooked foods	0 0
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			6-1A. Proper cold holding temperatures	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			6-1B. Proper hot holding temperatures	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			6-1C. Proper cooling time and temperature	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			6-1D. Time as a public health control: procedures and records	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Date Marking - Subcategory 2	4 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			6-2. Proper date marking and disposition	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Highly Susceptible Populations - Subcategory 1	9 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			7-1. Pasteurized foods used; prohibited foods not offered	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Chemicals - Subcategory 2	4 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			8-2A. Food additives: approved and properly used	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			8-2B. Toxic substances properly identified, stored, used	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Conformance with Approved Procedures - Subcategory 2	4 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			9-2. Compliance with variance, specialized process and HACCP plan process and HACCP	0 0

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)

IN	OUT	NA	NO	COS	R	Compliance Status	Points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Safe Food and Water, Food Identification	3 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			10A. Pasteurized eggs used where required	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			10B. Water and ice from approved source	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			10C. Variance obtained for specialized processing methods	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			10D. Properly labeled; original container; required records: shellstock tags; segregated distressed food	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Food Temperature Control	3 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			11A. Proper cooling methods used; adequate equipment for temperature control	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			11B. Plant food properly cooked for hot holding	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			11C. Approved thawing methods used	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			11D. Thermometers provided and accurate	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Prevention of Food Contamination	3 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			12A. Contamination prevented during food preparation, storage & display	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			12B. Personal cleanliness	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			12C. Wiping cloths: properly used and stored	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			12D. Washing fruits and vegetables	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Postings and Compliance with Clean Air Act	1 point
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			13B. Compliance with Georgia Smoke Free Air Act	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Proper Use and Handling of Utensils	1 point
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			14A. In-use utensils: properly stored	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			14B. Utensils, equipment and linens: properly stored, dried, handled	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			14C. Single-use/single-service articles: properly stored, used	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			14D. Gloves used properly	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Utensils, Equipment and Vending	1 point
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			15A. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			15B. Warewashing facilities: installed, maintained, used; test strips	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			15C. Nonfood-contact surfaces clean	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Water, Plumbing and Waste	2 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			16A. Hot and cold water available; adequate pressure	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			16B. Plumbing installed; proper backflow devices	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			16C. Sewage and waste water properly disposed	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Physical Facilities	1 point
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			17A. Toilet facilities: properly constructed, supplied, cleaned	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			17B. Garbage/refuse properly disposed; facilities maintained	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			17C. Physical facilities installed, maintained, and clean	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			17D. Adequate ventilation and lighting; designated areas used	0 0
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Pest and Animal Control	3 points
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			18. Insects, rodents, and animals not present	0 0

Person in Charge (Signature): [Signature] (Print) Charles Benjamin Date: 3/30/10
Inspector (Signature): [Signature] Follow-up: YES NO Follow-up Date: / /

