

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Food Service Establishment Inspection Report

Establishment Name: EAST COLUMBUS MAGNET SCHOOL

Address: 6100 GEORGETOWN DR

City: COLUMBUS Time In: 09 : 00 AM Time Out: 10 : 00 AM

Inspection Date: 02/29/2012 CFSM: Sharon Davis 6/2012

Purpose of Inspection: Construction/Preoperational Initial
Routine Follow-up Temporary

Risk Type: 1 2 3 Permit#: 106-875

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
97	A	08/25/11
Prior Score	Grade	Date
100	A	03/08/11

CURRENT SCORE	CURRENT GRADE
<h1>100</h1>	<h1>A</h1>
<small>SCORING AND GRADING: A=90-100 B=80-89 C=70-79 US89</small>	

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.)
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

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

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)

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

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 EAST COLUMBUS MAGNET SCHOOL	Permit # 106-875	Date 02/29/2012
Address 6100 GEORGETOWN DR	City/State COLUMBUS GA	Zipcode 31907

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
sauage / cooling	101.0 ° F	sauage / cooling	95.0 ° F	grits / Hot-Hold Unit	133.0 ° F
grits / Hot-Hold Unit	153.0 ° F	chicken salad / Walk-In Cooler	35.0 ° F	/ Walk-In Cooler	32.0 ° F
/ Walk-In Cooler	35.0 ° F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Remarks

Person in Charge (Signature)

(Print)

Date:

Inspector (Signature)

Trina Macon

Follow-up YES NO Follow-up Date:
Discussed With: Sharon Davis Title: CFSM