



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

Establishment Name: GATEHOUSE @ RESIDENCE INN
Address: 2670 ADAMS FARM DR

City: COLUMBUS Time In: 09 : 25 AM Time Out: 10 : 30 AM

Inspection Date: 09/13/2011 CFSM: Deanne Davis

Purpose of Inspection: Routine Followup Complaint
Preliminary Other

Risk Type: 1 2 3 Permit#: 106-1149

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.

Last Score	Grade	Date
93	A	09/02/10
Prior Score	Grade	Date
84	B	09/16/09

CURRENT SCORE	CURRENT GRADE
99	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	Points
1 IN OUT NA NO Supervision - Subcategory 2			4 points
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 1-2. Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	
2 IN OUT NA NO Employee Health, Good Hygienic Practices, Preventing Contamination by Hands - Subcategory 1			9 points
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-1A. Proper use of restriction & exclusion	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-1B. Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Health, Good Hygienic Practices-Subcategory 2			4 points
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2A. Management awareness; policy present; reporting	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2B. Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2C. No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 2-2D. Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	
3 IN OUT NA NO Approved Source - Subcategory 1			9 points
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 3-1A. Food obtained from approval source, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 3-1B. Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 3-1C. Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	
4 IN OUT NA NO Protection from Contamination - Subcategory 1			9 points
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 4-1A. Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 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 checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 4-2A. Food stored covered	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 4-2B. Food-contact surfaces; cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Status	COS	R	Points
5 IN OUT NA NO Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory - Subcategory 1			9 points
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="radio"/> <input type="radio"/> 5-1A. Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <input checked="" type="radio"/> 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"/> <input checked="" type="radio"/> <input type="radio"/> 5-2. Consumer advisory provided for raw and undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	
6 IN OUT NA NO Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Foods - Subcategory 1			9 points
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 6-1A. Proper cold holding temperature	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 6-1B. Proper hot holding temperature	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <input checked="" type="radio"/> 6-1C. Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="radio"/> <input type="radio"/> 6-1D. Time as a public health control; procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	
Date Marking-Subcategory 2			4 points
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 6-2. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	
7 IN OUT NA NO Highly Susceptible Populations - Subcategory 1			9 points
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="radio"/> <input type="radio"/> 7-1. Pasteurized foods used; Prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	
8 IN OUT NA NO Chemicals - Subcategory 2			4 points
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="radio"/> <input type="radio"/> 8-2A. Food additives; approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 8-2B. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	
9 IN OUT NA NO Conformance with Approved Procedures - Subcategory 2			4 points
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="radio"/> <input type="radio"/> 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 code provision) = 1 point per category)

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

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

Person in Charge (Signature) Misty Crawford (Print) Misty Crawford Date: 01/01/1900
Inspector (Signature) Wanda Boutwell Follow-up: YES NO Follow-up Date:

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 GATEHOUSE @ RESIDENCE INN	Permit # 106-1149	Date 09/13/2011
Address 2670 ADAMS FARM DR	City/State COLUMBUS GA	Zipcode 31909

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
sausage / Hot-Hold Unit	160.0 ° F	eggs / Hot-Hold Unit	154.0 ° F	yogurt / on ice	30.0 ° F
sausage / Refrigerator	30.0 ° F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number
15C build up of debris in ice scoop holder New Violation.

Remarks

Person in Charge (Signature) <i>Misty Crawford</i>	Date: <i>9/13/11</i>
Inspector (Signature) Wanda Boutwell <i>Wanda Boutwell</i>	Date: 09/13/2011