



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Arneo Sargent Elementary
Address: 2449 Highway 10 West

City: Newnan Time In: _____ AM / PM Time Out: _____ AM / PM

Inspection Date: 03/12/10 CFSM: Debra Long

Purpose of Inspection: Routine Follow-up Complaint
Preliminary Other
Risk Type: 1 2 3 Permit#: 002740

Last Score	Grade	Date
100	A	11/15/09
Prior Score	Grade	Date
100	A	4/23/09

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 numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

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

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

Person in Charge (Signature) Nancy Hickey (Print) Nancy Hickey Date: 3/12/10
Inspector (Signature) Debra Long Follow-up: YES NO Follow-up Date: / /

