

GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Brothers on the Bypass
 Address: 91 Millard Farmer Industrial Blvd.
 City: Newnan - Time In: _____ AM / PM Time Out: _____ AM / PM

Inspection Date: 06 / 17 / 10 CFSM: _____


Purpose of Inspection: Routine Follow-up Complaint
 Preliminary Other 038-10-FIX
 Risk Type: 1 2 3 Permit#: 007922

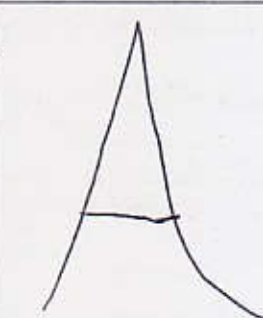
Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Last Score	Grade	Date
	NEW	
Prior Score	Grade	Date

SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69

CURRENT SCORE


CURRENT GRADE


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 of the same code provision)=2 points per subcategory

Compliance Status	COS	R	Compliance Status	COS	R
1 IN <input checked="" type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Supervision - Subcategory 2 4 points			5 IN <input type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory - Subcategory 1 9 points		
1-2. Person in charge present, demonstrates knowledge, and performs duties; CFSM on staff <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5-1A. Proper cooking time and temperatures <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 IN <input checked="" type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Employee Health, Good Hygienic Practices, Preventing Contamination by Hands - Subcategory 1 9 points			5-1B. Proper reheating procedures for hot holding <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-1A. Proper use of restriction & exclusion <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer Advisory - Subcategory 2 4 points		
2-1B. Hands clean and properly washed <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5-2. Consumer advisory provided for raw and undercooked foods <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-1C. No bare hand contact with ready-to-eat foods <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 IN <input checked="" type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food - Subcategory 1 8 points		
Employee Health, Good Hygienic Practices - Subcategory 2 4 points			6-1A. Proper cold holding temperatures <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2A. Management awareness; policy present; reporting <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-1B. Proper hot holding temperatures <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2B. Proper eating, tasting, drinking, or tobacco use <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-1C. Proper cooling time and temperature <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2C. No discharge from eyes, nose, and mouth <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6-1D. Time as a public health control: procedures and records <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2D. Adequate handwashing facilities supplied & accessible <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Date Marking - Subcategory 2 4 points		
3 IN <input checked="" type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Approved Source - Subcategory 1 9 points			6-2. Proper date marking and disposition <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-1A. Food obtained from approved source; parasite destruction <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7 IN <input type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Highly Susceptible Populations - Subcategory 1 9 points		
3-1B. Food received at proper temperature <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7-1. Pasteurized foods used; prohibited foods not offered <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-1C. Food in good condition, safe, and unadulterated <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 IN <input checked="" type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Chemicals - Subcategory 2 4 points		
4 IN <input checked="" type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Protection from Contamination - Subcategory 1 9 points			8-2A. Food additives: approved and properly used <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-1A. Food separated and protected <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8-2B. Toxic substances properly identified, stored, used <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 <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9 IN <input checked="" type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO <input type="radio"/> Conformance with Approved Procedures - Subcategory 2 4 points		
Protection from Contamination - Subcategory 2 4 points			9-2. Compliance with variance, specialized process and HACCP plan process and HACCP <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-2A. Food stored covered <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4-2B. Food-contact surfaces: cleaned & sanitized <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	COS	R	Compliance Status	COS	R
10 OUT <input checked="" type="radio"/> Safe Food and Water, Food Identification 3 points			14 OUT <input checked="" type="radio"/> Proper Use and Handling of Utensils 1 point		
10A. Pasteurized eggs used where required <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14A. In-use utensils: properly stored <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"/>	14B. Utensils, equipment and linens: properly stored, dried, handled <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"/>	14C. Single-use/single-service articles: properly stored, used <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10D. Properly labeled; original container; required records: shellstock tags; segregated distressed food <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"/>	<input type="radio"/>
11 OUT <input checked="" type="radio"/> Food Temperature Control 3 points			15 OUT <input checked="" type="radio"/> Utensils, Equipment and Vending 1 point		
11A. Proper cooling methods used; adequate equipment for temperature control <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<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"/>
11B. Plant food properly cooked for hot holding <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"/>
11C. Approved thawing methods used <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"/>	<input type="radio"/>
11D. Thermometers provided and accurate <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16 OUT <input checked="" type="radio"/> Water, Plumbing and Waste 2 points		
12 OUT <input checked="" type="radio"/> Prevention of Food Contamination 3 points			16A. Hot and cold water available; adequate pressure <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12A. Contamination prevented during food preparation, storage & display <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"/>
12B. Personal cleanliness <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"/>	<input type="radio"/>
12C. Wiping cloths: properly used and stored <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17 OUT <input checked="" type="radio"/> Physical Facilities 1 point		
12D. Washing fruits and vegetables <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17A. Toilet facilities: properly constructed, supplied, cleaned <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 OUT <input checked="" type="radio"/> Postings and Compliance with Clean Air Act 1 point			17B. Garbage/refuse properly disposed; facilities maintained <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13A. Posted: Permit/Inspection/Choking Poster/Handwashing <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"/>
13B. Compliance with Georgia Smoke Free Air Act <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"/>	<input type="radio"/>
			18 OUT <input checked="" type="radio"/> Pest and Animal Control 3 points		
			18. Insects, rodents, and animals not present <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Person in Charge (Signature) Antonio Acuña (Print) _____ Date: 6/17/10

Inspector (Signature) Sherry Bradley Follow-up: YES NO Follow-up Date: / /

Form: Inspection 1A-2007

