



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Anthony's Pizza & Pasta
Address: 725 E Lanier Ave, Suite A& B

City: Fayetteville, Time In: 11:00 am Time Out: 11:50 am

Inspection Date: 8/19/2011 CFSM: Gina Flynn

Purpose of Inspection: Routine: [X] Follow-Up: [ ] Complaint: [ ]
Preliminary: [ ] Other: [ ]

Risk Type: 1 [ ] 2 [X] 3 [ ] Permit#: 2-72828

'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.

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

Last Score: 85 Grade: B Date: 3/23/11

Prior Score: 88 Grade: B Date: 12/28/10

CURRENT SCORE: 93 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.)

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

Table with 5 columns: Compliance Status, IN, OUT, NA, NO, Description, COS, R. Includes sections for Supervision, Employee Health, Approved Source, and Protection from Contamination.

Table with 5 columns: Compliance Status, IN, OUT, NA, NO, Description, COS, R. Includes sections for Cooking and Reheating, Consumer Advisory, Holding of Potentially Hazardous Foods, Date Marking, Highly Susceptible Populations, Chemicals, and Conformance with Approved Procedures.

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

Table with 5 columns: Compliance Status, IN, OUT, NA, NO, Description, COS, R. Includes sections for Safe Food and Water, Food Temperature Control, Prevention of Food Contamination, Postings and Compliance with Clean Air Act.

Table with 5 columns: Compliance Status, IN, OUT, NA, NO, Description, COS, R. Includes sections for Proper Use of Utensils, Utensils, Equipment and Vending, Water, Plumbing and Waste, Physical Facilities, and Pest and Animal Control.

Person in Charge (Signature): (Print) Date: 8/19/2011 11:00:00 AM
Inspector (Signature): Follow-up: Yes [ ] No [X] Follow-up Date:

# Food Service 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 subsection (2)(i) and (j)*

<b>Establishment</b> Anthony's Pizza & Pasta	<b>Permit</b> 2-72828	<b>Date</b> InspectionDate2
<b>Address</b> 725 E Lanier Ave, Suite A& B	<b>City/State</b> Fayetteville,, GA 30215	<b>Zip Code</b> 30215

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Display	40	sauce reheating 60 min	161		
Pizza makeline interior	38	sauce HH	148		
just stocked top	40-42	cheese steak cook	163		
salad makeline	38-41				
3 door ham	39	DW chlorine	100ppm		
cheese	38				
1/2 + 1/2	38				
turkey	37				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
S2	2-2D Ensure all hand sinks have paper towels. wait station sink observed without towels. Corrected.
S16	16-B Repair leak at 3 comp sink faucet.
S17	17-C Replace stained ceiling tile over 3 door cooler. Need to cover exposed studs at front station with a light colored, smooth nonabsorbent and easily cleanable surface (FRP, painted sheetrock, etc.).

**Person in Charge (Signature)**

**Date**

**Inspector (Signature)**

**Date** 8/19/2011 11:00:00 AM

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Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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**Person in Charge (Signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Inspector (Signature)** \_\_\_\_\_ **Date** 8/19/2011 11:00:00 AM