



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Captain D's #3682
Address: 150 N Glynn St

City: Fayetteville Time In: 8:30 am Time Out: 9:30 pm

Inspection Date: 11/20/2009 CFSM: Sam Johnson

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

Risk Type: 1 [] 2 [X] 3 [] Permit#: 1-1344

'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: 96 Grade: A Date: 8/18/09

Prior Score: 90 Grade: A Date: 5/12/09

CURRENT SCORE: 100 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, and 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: 11/20/2009 8:30:00 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)

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|---|-------------------------|--------------------------------|
| Establishment Captain D's #3682 | Permit 1-1344 | Date InspectionDate2 |
|---|-------------------------|--------------------------------|

| | | |
|----------------------------------|---|--------------------------|
| Address 150 N Glynn St | City/State Fayetteville, GA 30214 | Zip Code 30214 |
|----------------------------------|---|--------------------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|-----------------------------|------|---------------|------|---------------|------|
| See temperature log in file | | | | | |
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OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | OBSERVATIONS AND CORRECTIVE ACTIONS |
|-------------|-------------------------------------|
| | |

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|-------------------------------------|-----------------------------------|
| Person in Charge (Signature) | Date |
| Inspector (Signature) | Date 11/20/2009 8:30:00 AM |

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|---|-------------------------|--------------------------------|
| Establishment Captain D's #3682 | Permit 1-1344 | Date InspectionDate3 |
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| Item Number | OBSERVATIONS AND CORRECTIVE ACTIONS |
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| Person in Charge (Signature) | Date |
| Inspector (Signature) | Date 11/20/2009 8:30:00 AM |