



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: China Palace Buffet
Address: 935 W Lanier Ave, Suite 1012

City: Fayetteville **Time In:** 1:20 pm **Time Out:** 2:45 pm

Inspection Date: 2/1/2011 **CFSM:** Jeanie Lin

Purpose of Inspection: Routine: ● Follow-Up: ○ Complaint: ○
 Preliminary: ○ Other: ○
Risk Type: 1 ○ 2 ● 3 ○ **Permit#:** 2-85316

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|----------|
| '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 |
| | | 94 | A | 12/22/10 |
| | | Prior Score | Grade | Date |
| | | 90 | A | 7/22/10 |

| CURRENT SCORE | CURRENT GRADE |
|-----------------------------------------------------------|---------------|
| 94 | 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

| Compliance Status | | | | | COS | R |
|---------------------------------------------------------------------------------------------------|----|-----|----|----|-----------------------------------------------------------------------------------------------------------|---|
| 1 | IN | OUT | NA | NO | Supervision 4 points | |
| | ● | ○ | | | ○ | ○ |
| 1-2. Person in charge present, demonstrates knowledge, and performs duties | | | | | | |
| 2 | IN | OUT | NA | NO | Employee Health, Good Hygienic Practices, Preventing Contamination by Hands-Subcategory 1 9 points | |
| | ● | ○ | | | ○ | ○ |
| 2-1A. Proper use of restriction & exclusion | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 2-1B. Hands clean and properly washed | | | | | | |
| | ● | ○ | ○ | | ○ | ○ |
| 2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | | | |
| | ● | ○ | | | ○ | ○ |
| Employee Health, Good Hygienic Practices-Subcategory 2 4 points | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 2-2A. Management awareness; policy present; reporting | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 2-2B. Proper eating, tasting, drinking, or tobacco use | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 2-2C. No discharge from eyes, nose, and mouth | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 2-2D. Adequate handwashing facilities supplied & accessible | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 3 | IN | OUT | NA | NO | Approved Source 9 points | |
| | ● | ○ | | | ○ | ○ |
| 3-1A. Food obtained from approved source; parasite destruction | | | | | | |
| | ○ | ○ | | ● | ○ | ○ |
| 3-1B. Food received at proper temperature | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 3-1C. Food in good condition, safe, and unadulterated | | | | | | |
| 4 | IN | OUT | NA | NO | Protection from Contamination-Subcategory 1 9 points | |
| | ● | ○ | ○ | | ○ | ○ |
| 4-1A. Food separated and protected | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 4-1B. Proper disposition of contaminated food; returned food or unused food not re-served | | | | | | |
| | ● | ○ | | | ○ | ○ |
| Protection from Contamination-Subcategory 2 4 points | | | | | | |
| | ● | ○ | ○ | | ○ | ○ |
| 4-2A. Food stored covered | | | | | | |
| | ● | ○ | ○ | | ○ | ○ |
| 4-2B. Food-contact surfaces: cleaned & sanitized | | | | | | |

| Compliance Status | | | | | COS | R |
|-------------------------------------------------------------------|----|-----|----|----|---------------------------------------------------------------------------------------------------------------|---|
| 5 | IN | OUT | NA | NO | Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory-Subcategory 1 9 points | |
| | ● | ○ | ○ | ○ | ○ | ○ |
| 5-1A. Proper cooking time and temperatures | | | | | | |
| | ○ | ○ | ○ | ● | ○ | ○ |
| 5-1B. Proper reheating procedures for hot holding | | | | | | |
| | ○ | ○ | ○ | ○ | ○ | ○ |
| Consumer Advisory-Subcategory 2 4 points | | | | | | |
| | ○ | ○ | ○ | ● | ○ | ○ |
| 5-2. Consumer advisory provided for raw and undercooked foods | | | | | | |
| 6 | IN | OUT | NA | NO | Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1 9 points | |
| | ● | ○ | ○ | | ○ | ○ |
| 6-1A. Proper cold holding temperatures | | | | | | |
| | ● | ○ | ○ | ○ | ○ | ○ |
| 6-1B. Proper hot holding temperatures | | | | | | |
| | ● | ○ | ○ | ○ | ○ | ○ |
| 6-1C. Proper cooling time and temperature | | | | | | |
| | ○ | ○ | ○ | ○ | ○ | ○ |
| 6-1D. Time as a public health control: procedures and records | | | | | | |
| | ○ | ○ | ○ | ○ | ○ | ○ |
| Date Marking-Subcategory 2 4 points | | | | | | |
| | ● | ○ | ○ | ○ | ○ | ○ |
| 6-2. Proper date marking and disposition | | | | | | |
| 7 | IN | OUT | NA | NO | Highly Susceptible Populations 9 points | |
| | ○ | ○ | ○ | ● | ○ | ○ |
| 7-1. Pasteurized foods used; prohibited foods not offered | | | | | | |
| 8 | IN | OUT | NA | NO | Chemicals 4 points | |
| | ● | ○ | ○ | | ○ | ○ |
| 8-2A. Food additives: approved and properly used | | | | | | |
| | ● | ○ | | | ○ | ○ |
| 8-2B. Toxic substances properly identified, stored, used | | | | | | |
| 9 | IN | OUT | NA | NO | Conformance with Approved Procedures 4 points | |
| | ○ | ○ | ○ | ○ | ○ | ○ |
| 9-2. Compliance with variance, specialized process and HACCP plan | | | | | | |

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

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

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

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|--------------------------------------|------------------------------|----------------------------------|
| Person in Charge (Signature): | (Print) | Date: 2/1/2011 1:20:00 PM |
| Inspector (Signature): | Follow-up: Yes ● No ○ | Follow-up Date: 2/11/2011 |

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)

| | | |
|------------------------------------------------|---------------------------------------------|--------------------------------|
| Establishment China Palace Buffet | Permit 2-85316 | Date InspectionDate2 |
| Address 935 W Lanier Ave, Suite 1012 | City/State Fayetteville, GA 30214 | Zip Code 30214 |

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------------------------|---------|------------------|-------------|---------------|------|
| HH buffet | 139-156 | " cooler | 38 | | |
| CH buffet | 34-40 | | | | |
| WIF | | | | | |
| WIC | 37-40 | 3 comp sink quat | Not set up. | | |
| Grilled chicken cooling 2.5 hrs | 61 | | | | |
| Makeline top | 36-38 | | | | |
| Interior | 36-37 | | | | |
| Over under freezer | 18 | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | OBSERVATIONS AND CORRECTIVE ACTIONS |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S12 | 12-A Need to keep all food items on buffet protected under sneeze guard. Fried wonton and bacon bits shifted so as to be under guard. Corrected. |
| S14 | 14-A Do not store chef utensils in container of water. Store in clean container or in hot (135F) water. Items removed for cleaning. Clean container to be used. |
| S15 | 15-A Need to paint wood shelf under 3 compartment sink and raise on legs so as to be 6" off floor or add rollers. Correct by 2/11/11. 15-C Need to clean tops of over under freezer and oven. Correct by 2/11/11. |
| S17 | 17-C Some additional cleaning need under cookline and under shelves in walk in units. Complete by 2/11/11. 17-D Need to clean hood and make up air vents. Complete by 2/11/11. |

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|-------------------------------------|---------------------------------|
| Person in Charge (Signature) | Date |
| Inspector (Signature) | Date 2/1/2011 1:20:00 PM |

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|---------------------------------------------|--------------------------|--------------------------------|
| Establishment China Palace Buffet | Permit 2-85316 | Date InspectionDate3 |
|---------------------------------------------|--------------------------|--------------------------------|

| | | |
|------------------------------------------------|---------------------------------------------|--------------------------|
| Address 935 W Lanier Ave, Suite 1012 | City/State Fayetteville, GA 30214 | Zip Code 30214 |
|------------------------------------------------|---------------------------------------------|--------------------------|

| Item Number | OBSERVATIONS AND CORRECTIVE ACTIONS |
|-------------|-------------------------------------|
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| Person in Charge (Signature) | Date |
|-------------------------------------|-------------|

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|------------------------------|---------------------------------|
| Inspector (Signature) | Date 2/1/2011 1:20:00 PM |
|------------------------------|---------------------------------|