



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Ruby Tuesday
Address: 1405 N Hwy 85

City: Fayetteville, **Time In:** 10:15 am **Time Out:** 11:30 am

Inspection Date: 5/24/2011 **CFSM:** Laura Johnson

Purpose of Inspection: Routine: Follow-Up: Complaint:
 Preliminary: Other:

Risk Type: 1 2 3 **Permit#:** 1-16426

'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: **88** Grade: **B** Date: 1/21/11

Prior Score: **90** Grade: **A** Date: 10/4/10

| CURRENT SCORE | CURRENT GRADE |
|---|---------------|
| 92 | 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 | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 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 | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 2-1A. Proper use of restriction & exclusion | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 2-1B. Hands clean and properly washed | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| Employee Health, Good Hygienic Practices-Subcategory 2 4 points | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 2-2A. Management awareness; policy present; reporting | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 2-2B. Proper eating, tasting, drinking, or tobacco use | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 2-2C. No discharge from eyes, nose, and mouth | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 2-2D. Adequate handwashing facilities supplied & accessible | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 3 | IN | OUT | NA | NO | Approved Source 9 points | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 3-1A. Food obtained from approved source; parasite destruction | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | <input checked="" type="radio"/> | | |
| 3-1B. Food received at proper temperature | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 3-1C. Food in good condition, safe, and unadulterated | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 4 | IN | OUT | NA | NO | Protection from Contamination-Subcategory 1 9 points | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 4-1A. Food separated and protected | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 4-1B. Proper disposition of contaminated food; returned food or unused food not re-served | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| Protection from Contamination-Subcategory 2 4 points | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| 4-2A. Food stored covered | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 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 | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | | |
| 5-1A. Proper cooking time and temperatures | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 5-1B. Proper reheating procedures for hot holding | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | |
| Consumer Advisory-Subcategory 2 4 points | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 5-2. Consumer advisory provided for raw and undercooked foods | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | |
| 6 | IN | OUT | NA | NO | Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1 9 points | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 6-1A. Proper cold holding temperatures | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 6-1B. Proper hot holding temperatures | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 6-1C. Proper cooling time and temperature | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | <input checked="" type="radio"/> | | |
| 6-1D. Time as a public health control: procedures and records | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | |
| Date Marking-Subcategory 2 4 points | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| 6-2. Proper date marking and disposition | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | <input checked="" type="radio"/> | | |
| 7 | IN | OUT | NA | NO | Highly Susceptible Populations 9 points | |
| | <input type="radio"/> | <input type="radio"/> | | <input checked="" type="radio"/> | | |
| 7-1. Pasteurized foods used; profibited foods not offered | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | |
| 8 | IN | OUT | NA | NO | Chemicals 4 points | |
| | <input type="radio"/> | <input type="radio"/> | | <input checked="" type="radio"/> | | |
| 8-2A. Food additives: approved and properly used | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | |
| 8-2B. Toxic substances properly identified, stored, used | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | | | | |
| 9 | IN | OUT | NA | NO | Conformance with Approved Procedures 4 points | |
| | <input type="radio"/> | <input type="radio"/> | | <input checked="" type="radio"/> | | |
| 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 | | | | |
| | <input type="radio"/> | 10A. Pasteurized eggs used where required | | | <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"/> | 10C. Variance obtained for specialized processing methods | | | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | 10D. Food properly labeled; original container; required records available; shellstock tags | | | <input type="radio"/> | <input type="radio"/> |
| 11 | OUT | Food Temperature Control 3 points | | | | |
| | <input type="radio"/> | 11A. Proper cooling methods used; adequate equipment for temperature control | | | <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"/> | 11C. Approved thawing methods used | | | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | 11D. Thermometers provided and accurate | | | <input type="radio"/> | <input type="radio"/> |
| 12 | OUT | Prevention of Food Contamination 3 points | | | | |
| | <input type="radio"/> | 12A. Contamination prevented during food preparation, storage, display | | | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | 12B. Personal cleanliness | | | <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"/> | 12D. Washing fruits and vegetables | | | <input type="radio"/> | <input type="radio"/> |
| 13 | OUT | Postings and Compliance with Clean Air Act 3 points | | | | |
| | <input type="radio"/> | 13A. Posted: Permit/Inspection/Choking Poster/Handwashing | | | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | 13B. Compliance with Georgia Smoke Free Air Act | | | <input type="radio"/> | <input type="radio"/> |

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

Person in Charge (Signature): _____ **(Print)** _____ **Date:** 5/24/2011 10:15:00 AM

Inspector (Signature): _____ **Follow-up:** Yes No **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)

| | | |
|--------------------------------------|--|--------------------------------|
| Establishment Ruby Tuesday | Permit 1-16426 | Date InspectionDate2 |
| Address 1405 N Hwy 85 | City/State Fayetteville,, GA 30214 | Zip Code 30214 |

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|--------------------------------|------|-------------------------------|------|---------------|------|
| walkin cooler/rice pilaf | 31 | reheating temp/marinara sauce | 174 | | |
| walkincooler/ ground beef | 36 | warmer/crepe sauce | 151 | | |
| walkin cooler/ribs | 34 | pantry cooler/honey mustard | 40 | | |
| walkin cooler/mashed potato | 40 | pantry cooler/sliced tomato | 40 | | |
| cooling/chicken/walkin cooler/ | 67 | pantry cooler/rib rack | 40 | | |
| 2 dr cooler/apple salad | 36 | | | | |
| 2 dr cooler/cheese cake | 26 | | | | |
| chicken wings/2 dr cooler | 39 | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | OBSERVATIONS AND CORRECTIVE ACTIONS |
|-------------|--|
| S4 | 4-2A All food must be kept/ stored covered at all times when not actively in use. Food in prep coolers, sauces and condiments observed uncovered at cookline when not actively in use. |
| S6 | 6-2 Single serve chocolate milk observed past indicated use by/discard date label of 5-20-11. Discarded on the spot. |

Person in Charge (Signature) _____

Date _____

Inspector (Signature) _____

Date 5/24/2011 10:15:00 AM

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| | | |
|--------------------------------------|--------------------------|--------------------------------|
| Establishment Ruby Tuesday | Permit 1-16426 | Date InspectionDate3 |
|--------------------------------------|--------------------------|--------------------------------|

| | | |
|---------------------------------|--|--------------------------|
| Address 1405 N Hwy 85 | City/State Fayetteville,, GA 30214 | Zip Code 30214 |
|---------------------------------|--|--------------------------|

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

Person in Charge (Signature) _____ **Date** _____

Inspector (Signature) _____ **Date** 5/24/2011 10:15:00 AM