



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: The Classic Cue, INC.
Address: 200 Glynn St N

City: Fayetteville, **Time In:** 5:30 pm **Time Out:** 6:00 pm

Inspection Date: 7/21/2011 **CFSM:** Charles Riggs

Purpose of Inspection: Routine: ● Follow-Up: ○ Complaint: ○
 Preliminary: ○ Other: ○
Risk Type: 1 ○ 2 ● 3 ○ **Permit#:** 1-3407

'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: 100 Grade: A Date: 3/14/11

Prior Score: 76 Grade: C Date: 2/28/11

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	4	0
Supervision						
	●	○			○	○
1-2. Person in charge present, demonstrates knowledge, and performs duties						
2	IN	OUT	NA	NO	9	0
Employee Health, Good Hygienic Practices, Preventing Contamination by Hands-Subcategory 1						
	●	○			○	○
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						
	●	○			○	○
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	9	0
Approved Source						
	●	○			○	○
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	9	0
Protection from Contamination-Subcategory 1						
	●	○	○		○	○
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						
	●	○	○		○	○
4-2A. Food stored covered						
	●	○	○		○	○
4-2B. Food-contact surfaces: cleaned & sanitized						

Compliance Status					COS	R
5	IN	OUT	NA	NO	9	0
Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory-Subcategory 1						
	○	○	○	●	○	○
5-1A. Proper cooking time and temperatures						
	○	○	○	●	○	○
5-1B. Proper reheating procedures for hot holding						
	○	○	●		○	○
Consumer Advisory-Subcategory 2						
	○	○	○	○	○	○
5-2. Consumer advisory provided for raw and undercooked foods						
6	IN	OUT	NA	NO	9	0
Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1						
	●	○	○		○	○
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						
	○	○	○	○	○	○
6-2. Proper date marking and disposition						
7	IN	OUT	NA	NO	9	0
Highly Susceptible Populations						
	○	○	○	●	○	○
7-1. Pasteurized foods used; profibited foods not offered						
8	IN	OUT	NA	NO	4	0
Chemicals						
	○	○	○	●	○	○
8-2A. Food additives: approved and properly used						
	○	○	○	○	○	○
8-2B. Toxic substances properly identified, stored, used						
9	IN	OUT	NA	NO	4	0
Conformance with Approved Procedures						
	○	○	○	○	○	○
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				3	0
Safe Food and Water, Food Identification						
	○				○	○
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				3	0
Food Temperature Control						
	○				○	○
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				3	0
Prevention of Food Contamination						
	○				○	○
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				3	0
Postings and Compliance with Clean Air Act						
	○				○	○
13A. Posted: Permit/Inspection/Choking Poster/Handwashing						
	○				○	○
13B. Compliance with Georgia Smoke Free Air Act						

Compliance Status					COS	R
14	OUT				1	0
Proper Use of Utensils						
	○				○	○
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				1	0
Utensils, Equipment and Vending						
	○				○	○
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				2	0
Water, Plumbing and Waste						
	○				○	○
16A. Hot and cold water available; adequate pressure						
	○				○	○
16B. Plumbing installed; proper backflow devices						
	○				○	○
16C. Sewage and waste water properly disposed						
17	OUT				1	0
Physical Facilities						
	○				○	○
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				3	0
Pest and Animal Control						
	○				○	○
18. Insects, rodents, and animals not present						

Person in Charge (Signature):	(Print)	Date: 7/21/2011 5:30:00 PM
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 The Classic Cue, INC.	Permit 1-3407	Date InspectionDate2
Address 200 Glynn St N	City/State Fayetteville,, GA 30214-1622	Zip Code 30214

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
refrigerator	40				
reachin cooler	40				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
S2	2-2D Handwashing sink may not be used for any other purpose. (No rinsing or dumping or storage of equipment in sink)
S8	8-2B Toxic chemicals may not be stored with or above food, food equipment nor single serve items.(all purpose cleaner)

Person in Charge (Signature)	Date
Inspector (Signature)	Date 7/21/2011 5:30:00 PM

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Address 200 Glynn St N	City/State Fayetteville,, GA 30214-1622	Zip Code 30214
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Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS
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Person in Charge (Signature)	Date
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Inspector (Signature)	Date 7/21/2011 5:30:00 PM
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