



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: VitaSource, Inc.
Address: 840 Glynn St S, Suite 338

City: Fayetteville **Time In:** 10:20 am **Time Out:** 11:25 am

Inspection Date: 6/10/2011 **CFSM:** Victoria Franklin

Purpose of Inspection: Routine: Follow-Up: Complaint:
 Preliminary: Other:
Risk Type: 1 2 3 **Permit#:** 2-95946

'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: 1/25/11

Prior Score: 100 Grade: A Date: 10/18/10

CURRENT SCORE	CURRENT GRADE
100	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						
	<input checked="" type="radio"/>	<input type="radio"/>				
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						
	<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"/>	<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	0
	<input checked="" type="radio"/>	<input type="radio"/>				
2-2A. Management awareness; policy present; reporting						
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2-2B. Proper eating, tasting, drinking, or tobacco use						
	<input checked="" type="radio"/>	<input 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						
3	IN	OUT	NA	NO	9	0
Approved Source						
	<input checked="" type="radio"/>	<input type="radio"/>				
3-1A. Food obtained from approved source; parasite destruction						
	<input type="radio"/>	<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						
4	IN	OUT	NA	NO	9	0
Protection from Contamination-Subcategory 1						
	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Protection from Contamination-Subcategory 2					4	0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4-2A. Food stored covered						
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
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						
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
5-1A. Proper cooking time and temperatures						
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
5-1B. Proper reheating procedures for hot holding						
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			
Consumer Advisory-Subcategory 2					4	0
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			
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						
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
6-1A. Proper cold holding temperatures						
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
6-1B. Proper hot holding temperatures						
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
6-1C. Proper cooling time and temperature						
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
6-1D. Time as a public health control: procedures and records						
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Date Marking-Subcategory 2					4	0
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
6-2. Proper date marking and disposition						
7	IN	OUT	NA	NO	9	0
Highly Susceptible Populations						
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			
7-1. Pasteurized foods used; prohibited foods not offered						
8	IN	OUT	NA	NO	4	0
Chemicals						
	<input checked="" type="radio"/>	<input type="radio"/>	<input 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						
9	IN	OUT	NA	NO	4	0
Conformance with Approved Procedures						
	<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				3	0
Safe Food and Water, Food Identification						
	<input type="radio"/>					
10A. Pasteurized eggs used where required						
	<input type="radio"/>					
10B. Water and ice from approved source						
	<input type="radio"/>					
10C. Variance obtained for specialized processing methods						
	<input type="radio"/>					
10D. Food properly labeled; original container; required records available; shellstock tags						
11	OUT				3	0
Food Temperature Control						
	<input type="radio"/>					
11A. Proper cooling methods used; adequate equipment for temperature control						
	<input type="radio"/>					
11B. Plant food properly cooked for hot holding						
	<input type="radio"/>					
11C. Approved thawing methods used						
	<input type="radio"/>					
11D. Thermometers provided and accurate						
12	OUT				3	0
Prevention of Food Contamination						
	<input type="radio"/>					
12A. Contamination prevented during food preparation, storage, display						
	<input type="radio"/>					
12B. Personal cleanliness						
	<input type="radio"/>					
12C. Wiping cloths: properly used and stored						
	<input type="radio"/>					
12D. Washing fruits and vegetables						
13	OUT				3	0
Postings and Compliance with Clean Air Act						
	<input type="radio"/>					
13A. Posted: Permit/Inspection/Choking Poster/Handwashing						
	<input type="radio"/>					
13B. Compliance with Georgia Smoke Free Air Act						

Compliance Status					COS	R
14	OUT				1	0
Proper Use of Utensils						
	<input type="radio"/>					
14A. In-use utensils: Properly stored						
	<input type="radio"/>					
14B. Utensils, equipment and linens: properly stored, dried, handled						
	<input type="radio"/>					
14C. Single-use/single-service articles: properly stored, used						
	<input type="radio"/>					
14D. Gloves used properly						
15	OUT				1	0
Utensils, Equipment and Vending						
	<input type="radio"/>					
15A. Food & nonfood-contact surfaces cleanable, properly designed, constructed, used						
	<input type="radio"/>					
15B. Warewashing facilities: installed, maintained, used; test strips						
	<input type="radio"/>					
15C. Nonfood-contact surfaces clean.						
16	OUT				2	0
Water, Plumbing and Waste						
	<input type="radio"/>					
16A. Hot and cold water available; adequate pressure						
	<input type="radio"/>					
16B. Plumbing installed; proper backflow devices						
	<input type="radio"/>					
16C. Sewage and waste water properly disposed						
17	OUT				1	0
Physical Facilities						
	<input type="radio"/>					
17A. Toilet facilities: properly constructed, supplied, cleaned						
	<input type="radio"/>					
17B. Garbage/refuse properly disposed; facilities maintained						
	<input type="radio"/>					
17C. Physical facilities installed, maintained, and clean						
	<input type="radio"/>					
17D. Adequate ventilation and lighting; designated areas used						
18	OUT				3	0
Pest and Animal Control						
	<input type="radio"/>					
18. Insects, rodents, and animals not present						

Person in Charge (Signature): _____ **(Print)** _____ **Date:** 6/10/2011 10:20:00 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 VitaSource, Inc.	Permit 2-95946	Date InspectionDate2
Address 840 Glynn St S, Suite 338	City/State Fayetteville, GA 30215	Zip Code 30215

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reach in 38					
	3 Comp Sink Chlorine				
100ppm					

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS

Person in Charge (Signature)	Date
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Address 840 Glynn St S, Suite 338	City/State Fayetteville, GA 30215	Zip Code 30215
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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 6/10/2011 10:20:00 AM
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