



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Monkey Joe's
Address: 182 Banks Crossing

City: Fayetteville, Time In: 11:15 am Time Out: 12:00 pm

Inspection Date: 11/16/2010 CFSM: Alicia Joyner

Purpose of Inspection: Routine: [X] Follow-Up: [] Complaint: []
Preliminary: [] Other: [] Last Score: 83 Grade: B Date: 8/26/10

Risk Type: 1 [X] 2 [] 3 [] Permit#: 2-81444 Prior Score: 87 Grade: B Date: 5/26/10

'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.

'Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

CURRENT SCORE: 99 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: 11/16/2010 11:15:00 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)

Establishment Monkey Joe's	Permit 2-81444	Date InspectionDate2
Address 182 Banks Crossing	City/State Fayetteville,, GA 30214	Zip Code 30214

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
hot dogs-reachin cooler	36				
pretzels-reachin cooler	34				
hot dogs-reachin freezer	-5				
pretzels-reachin freezer	-6				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
S13	#13A: Post most recent inspection report.

Person in Charge (Signature)	Date
Inspector (Signature)	Date 11/16/2010 11:15:00 AM

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 Monkey Joe's	Permit 2-81444	Date InspectionDate3
--------------------------------------	--------------------------	--------------------------------

Address 182 Banks Crossing	City/State Fayetteville,, GA 30214	Zip Code 30214
--------------------------------------	--	--------------------------

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

--	--

Person in Charge (Signature)	Date
-------------------------------------	-------------

Inspector (Signature)	Date 11/16/2010 11:15:00 AM
------------------------------	------------------------------------