



**FRANKLIN COUNTY HEALTH DEPARTMENT
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH
FOOD ESTABLISHMENT INSPECTION REPORT**

8 ✓

HEPATITIS A COMPLIANT

Public Health

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

P.H. PRIORITY
(H) M L

ESTABLISHMENT NAME <i>Daddy Os Cheese Steaks</i>		PERSON IN CHARGE		PHONE	
ADDRESS <i>3317 Hwy 100</i>		DISTRICT <i>7</i>	COUNTY <i>071</i>	FAX	
CITY/ZIP <i>Villa Rica 63089</i>		ESTAB NO. <i>2956</i>	PURPOSE		WATER SUPPLY
ESTABLISHMENT TYPE			<input type="checkbox"/> PRE-OPENING		<input checked="" type="checkbox"/> COMMUNITY
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> SENIOR CITIZEN	<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> NONCOMMUNITY Results _____
<input type="checkbox"/> CATERER	<input type="checkbox"/> TAVERN	<input type="checkbox"/> BAKERY	<input type="checkbox"/> FROZEN DESSERT	<input type="checkbox"/> FOLLOW UP	<input type="checkbox"/> PRIVATE Date Sampled _____
<input type="checkbox"/> SCHOOL	<input type="checkbox"/> LODGING	<input type="checkbox"/> DELICATESSEN	<input checked="" type="checkbox"/> MOBILE UNIT	<input type="checkbox"/> COMPLAINT	SEWAGE DISPOSAL
<input type="checkbox"/> INSTITUTION	<input type="checkbox"/> TEMP. FOOD STAND	<input type="checkbox"/> MEAT CUTTING	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE

FOOD PRODUCT	TEMP.	STORAGE LOCATION	FOOD PRODUCT	TEMP.	STORAGE LOCATION
<i>cheese</i>	<i>35</i>	<i>cooler</i>			

FOOD CODE REFERENCES **CRITICAL ITEMS**

CODE REFERENCE	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
2 MANAGEMENT/PERSONNEL			
2-1 Supervision			
2-2 Employee Health			
2-3 Personal Cleanliness			
2-4 Hygienic Practices	<i>No ventilators at time of visit</i>		
3. FOOD			
3-1 Characteristics			
3-2 Sources, Containers & Records			
3-3 Protection from Contamination			
3-4 Cooking & Reheating			
3-5 Limiting Growth of Organisms			
3-6 Food Presentations & Labeling			
3-7 Contaminated Foods			
4 EQUIP., UTENSILS & LINENS			
4-1 Materials for Construction			
4-2 Design & Construction			
4-3 Numbers & Capacities			
4-4 Location & Installation			
4-5 Maintenance & Operation			
4-6 Cleaning			
4-7 Sanitation			
4-8 Laundering			
4-9 Protection of Clean Items			

NON-CRITICAL ITEMS

CODE REFERENCE	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
5 WATER, PLUMBING & WASTE			
5-1 Water			
5-2 Plumbing			
5-3 Mobile Water Tanks			
5-4 Sewage & Liquid Waste			
5-5 Refuse & Recycle/Returnables			
6 PHYSICAL FACILITIES			
6-1 Materials for Construction			
6-2 Design & Construction			
6-3 Numbers & Capacities			
6-4 Location & Placement			
6-5 Maintenance & Operation			
7 POISONOUS OR TOXIC ITEMS			
7-1 Labeling & Identification			
7-2 Supplies & Applications			
7-3 Storage & Display			

Failure to correct the specified violations upon a second follow up may result in revocation of the food establishment permit and a \$100.00 fee may be levied upon the establishment.

RECEIVED BY ▶	NAME AND TITLE <i>[Signature]</i>	DATE <i>6-6-22</i>
INSPECTED BY ▶	NAME <i>Kirkle Proke</i>	EPHS NO. <i>1264</i>
	PHONE/FAX <i>585-7308</i>	TIME IN <i>12:40</i>
		TIME OUT <i>2:00</i>



FRANKLIN COUNTY HEALTH DEPARTMENT
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH
FOOD ESTABLISHMENT INSPECTION REPORT

Public Health

HEPATITIS A COMPLIANT

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

P.H. PRIORITY
(H) M L

ESTABLISHMENT NAME <i>Daddy Os Commission</i>		PERSON IN CHARGE		PHONE
ADDRESS <i>3217 Hwy 100</i>		DISTRICT <i>2</i>	COUNTY <i>091</i>	FAX
CITY/ZIP <i>Villa Rica 65089</i>		ESTAB NO. <i>3295</i>	PURPOSE	WATER SUPPLY
ESTABLISHMENT TYPE				
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> SENIOR CITIZEN	<input checked="" type="checkbox"/> COMMUNITY
<input checked="" type="checkbox"/> CATERER	<input type="checkbox"/> TAVERN	<input type="checkbox"/> BAKERY	<input type="checkbox"/> FROZEN DESSERT	<input type="checkbox"/> NONCOMMUNITY Results _____
<input type="checkbox"/> SCHOOL	<input type="checkbox"/> LODGING	<input type="checkbox"/> DELICATESSEN	<input type="checkbox"/> MOBILE UNIT	<input type="checkbox"/> PRIVATE Date Sampled _____
<input type="checkbox"/> INSTITUTION	<input type="checkbox"/> TEMP. FOOD STAND	<input type="checkbox"/> MEAT CUTTING		SEWAGE DISPOSAL
				<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE

FOOD PRODUCT	TEMP.	STORAGE LOCATION	FOOD PRODUCT	TEMP.	STORAGE LOCATION
<i>Meat</i>	<i>40</i>	<i>2 door</i>	<i>Meat</i>	<i>40</i>	<i>Freezer</i>
<i>Eggs</i>	<i>38</i>	<i>Cooler</i>			
<i>Chicken</i>	<i>37</i>	<i>Cooler</i>			

FOOD CODE REFERENCES	CODE REFERENCE	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
2 MANAGEMENT/PERSONNEL				
2-1 Supervision				
2-2 Employee Health		<i>No violations at time of visit</i>		
2-3 Personal Cleanliness				
2-4 Hygienic Practices				
3. FOOD				
3-1 Characteristics				
3-2 Sources, Containers & Records				
3-3 Protection From Contamination				
3-4 Cooking & Reheating				
3-5 Limiting Growth of Organisms				
3-6 Food Presentations & Labeling				
3-7 Contaminated Foods				
4 EQUIP., UTENSILS & LINENS				
4-1 Materials for Construction				
4-2 Design & Construction				
4-3 Numbers & Capacities				
4-4 Location & Installation				
4-5 Maintenance & Operation				
4-6 Cleaning				
4-7 Sanitation				
4-8 Laundering				
4-9 Protection of Clean Items				
5 WATER, PLUMBING & WASTE				
5-1 Water				
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Liquid Waste				
5-5 Refuse & Recycle/Returnables				
6 PHYSICAL FACILITIES				
6-1 Materials for Construction				
6-2 Design & Construction				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

Failure to correct the specified violations upon a second follow up may result in revocation of the food establishment permit and a \$100.00 fee may be levied upon the establishment.

RECEIVED BY ▶	NAME AND TITLE <i>[Signature]</i>	DATE <i>6-6-22</i>
INSPECTED BY ▶	NAME <i>Keith Brake</i>	EPHS NO. <i>1714</i>
	PHONE/FAX <i>583-7508</i>	TIME IN <i>10:40</i>
		TIME OUT <i>2:05</i>