

Establishment Name

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Type of Establishment

O Farmer's Market Food Unit

Remanent O Mobile

SCORE

108 Depot St. Address

**Depot Junction Cafe** 

Watertown

O Temporary O Seasonal

Time in 10:20 AM AM / PM Time out 11:40: AM AM / PM

11/05/2021 Establishment # 605079474 Embargoed 0 Inspection Date

Purpose of Inspection **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other

Number of Seats 130 Risk Category О3 Follow-up Required O Yes 疑 No

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 10 | ¥=in c | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    |     |   | 0  |
|----|--------|-------|------|----|---|-----|---|----|
|    |        |       |      |    | Compliance Status   | cos | R | WT |
|    | IN     | OUT   | NA   | NO | Supervision   |     |   |    |
| 1  | 氮      | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5  |
|    | IN     | OUT   | NA   | NO | Employee Health   |     |   |    |
| 2  | -MC    | 0     |      |    | Management and food employee awareness; reporting   | 0   | 0 |    |
| 3  | ×      | 0     |      |    | Proper use of restriction and exclusion   | 0   | 0 | 5  |
|    | IN     | OUT   | NA   | NO | Good Hygienic Practices   |     |   |    |
| 4  | *      | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0   | 0 |    |
| 5  | *      | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 |    |
|    | IN     | OUT   | NA   | NO | Preventing Contamination by Hands   |     |   |    |
| 6  | 100    | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |    |
| 7  | 왮      | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5  |
| 8  | ×      | 0     |      |    | Handwashing sinks properly supplied and accessible  | 0   | 0 | 2  |
|    | IN     | OUT   | NA   | NO | Approved Source   |     |   |    |
| 9  | 黨      | 0     |      |    | Food obtained from approved source  | 0   | 0 |    |
| 10 | 0      | 0     | 0    | ×  | Food received at proper temperature   | 0   | 0 |    |
| 11 | ×      | 0     |      |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5  |
| 12 | 0      | 0     | ×    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |    |
|    | IN     | OUT   | NA   | NO | Protection from Contamination   |     |   |    |
| 13 | ×      | 0     | 0    |    | Food separated and protected  | 0   | 0 | 4  |
| 14 | ×      | 0     | 0    |    | Food-contact surfaces: cleaned and sanitized  | 0   | 0 | 5  |
| 15 | ×      | 0     |      |    | Proper disposition of unsafe food, returned food not re-<br>served                        | 0   | 0 | 2  |

| Compliance Status |     |     |    |     |   | COS | R | WT |
|-------------------|-----|-----|----|-----|---|-----|---|----|
|                   | IN  | OUT | NA | NO  | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16                | ×   | 0   | 0  | 0   | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17                | 0   | 0   | 0  | 300 | Proper reheating procedures for hot holding                                 | 0   | 0 | ,  |
|                   | IN  | оит | NA | NO  | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18                | 0   | 0   | 0  | 涎   | Proper cooling time and temperature   | 0   | 0 |    |
| 19                | ×   | 0   | 0  | 0   | Proper hot holding temperatures   | 0   | 0 |    |
| 20                | 245 | 0   | 0  |     | Proper cold holding temperatures  | 0   | 0 | 5  |
| 21                | *   | 0   | 0  | 0   | Proper date marking and disposition   | 0   | 0 | -  |
| 22                | 0   | 0   | 0  | 氮   | Time as a public health control: procedures and records                     | 0   | 0 |    |
|                   | IN  | OUT | NA | NO  | Consumer Advisory   |     |   |    |
| 23                | ×   | 0   | 0  |     | Consumer advisory provided for raw and undercooked<br>food                  | 0   | 0 | 4  |
|                   | IN  | OUT | NA | NO  | Highly Susceptible Populations  |     |   |    |
| 24                | 氮   | 0   | 0  |     | Pasteurized foods used; prohibited foods not offered                        | 0   | 0 | 5  |
|                   | IN  | OUT | NA | NO  | Chemicals   |     |   |    |
| 25                | 0   | 0   | X  |     | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26                | 8   | 0   |    |     | Toxic substances properly identified, stored, used                          | 0   | 0 | ů  |
|                   | IN  | OUT | NA | NO  | Conformance with Approved Procedures  |     |   |    |
| 27                | 0   | 0   | ×  |     | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

#### Good Retail Practices are preventive m ires to control the introduction of pathogens, chemicals, and physical objects into foods.

L PRACTICES

|    |     |  | GOO |   |   |
|----|-----|--|-----|---|---|
|    |     | OUT=not in compliance COS=corr   |     |   |   |
|    |     | Compliance Status  | cos | ĸ | W |
|    | OUT | Caro i con amo i i mon   | -   |   | _ |
| 28 | 0   | Pasteurized eggs used where required                                       | 0   | 0 | 1 |
| 29 | 0   |  | 0   | 0 |   |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0   | 0 | Ľ |
|    | OUT | Food Temperature Control   |     | _ |   |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | : |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | Г |
| 33 | 0   | Approved thawing methods used  | 0   | 0 |   |
| 34 | ×   | Thermometers provided and accurate   | 0   | 0 | Г |
|    | OUT | Food Identification  |     |   |   |
| 35 | ×   | Food properly labeled; original container; required records available      | 0   | 0 | , |
|    | OUT | Prevention of Food Contamination   |     |   |   |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0   | 0 |   |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0   | 0 | 1 |
| 38 | 0   | Personal cleanliness   | 0   | 0 | Г |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0   | 0 |   |
| 40 | 0   | Washing fruits and vegetables  | 0   | 0 | Г |
|    | OUT | Proper Use of Utensils   |     |   |   |
| 41 | 0   | In-use utensils; properly stored   | 0   | 0 | Г |
| 42 | 100 | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 | Г |
| 43 | 0   |  | 0   | 0 | Г |
| 44 | 0   | Gloves used properly   | 0   | 0 |   |

| pect | on  | R-repeat (violation of the same code provision   |        | -  | 140 |
|------|-----|--|--------|----|-----|
|      |     | Compliance Status  | cos    | к  | W   |
|      | OUT | Utensiis and Equipment   | -      | _  | _   |
| 45   | 麗   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0      | 0  | 1   |
| 46   | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0      | 0  | 1   |
| 47   | 0   | Nonfood-contact surfaces clean   | 0      | 0  | 1   |
|      | OUT | Physical Facilities  | $\top$ |    |     |
| 48   | 0   | Hot and cold water available; adequate pressure  | 0      | 0  | -:  |
| 49   | 0   | Plumbing installed; proper backflow devices  | 0      | 0  | -:  |
| 50   | 0   | Sewage and waste water properly disposed   | 0      | 0  | - : |
| 51   | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0      | 0  | -   |
| 52   | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0      | 0  |     |
| 53   | 0   | Physical facilities installed, maintained, and clean                                     | 0      | 0  | -   |
| 54   | 0   | Adequate ventilation and lighting; designated areas used                                 | 0      | 0  |     |
|      | OUT | Administrative Items   |        |    |     |
| 55   | 0   | Current permit posted  | 0      | 0  | П   |
| 56   | 0   | Most recent inspection posted  | 0      | 0  |     |
|      |     | Compliance Status  | YES    | NO | V   |
|      |     | Non-Smokers Protection Act   |        |    |     |
| 57   |     | Compliance with TN Non-Smoker Protection Act   | - 3%   | 0  |     |
| 58   |     | Tobacco products offered for sale  | 0      | 0  | ١ ( |
| 59   | 1   | If tobacco products are sold, NSPA survey completed                                      | 0      | 0  |     |

You have the right to request a hi ten (10) days of the date of the

11/05/2021

aigh. SCORE Date Signature of Environmental Health Specialist

11/05/2021 Date

Signature of Person In Charge

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Depot Junction Cafe
Establishment Number ≠: 605079474

| NSPA Survey – To be completed if #57 is "No"   |          |
|--|----------|
| Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are<br>twenty-one (21) years of age or older. |          |
| Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.  |          |
| "No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.   |          |
| Garage type doors in non-enclosed areas are not completely open.   | $\vdash$ |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.   |          |
| Smoke from non-enclosed areas is inflitrating into areas where smoking is prohibited.  | $\vdash$ |
| Smoking observed where smoking is prohibited by the Act.   | -        |

| Warewashing Info |                      |     |                           |  |  |  |  |
|------------------|----------------------|-----|---------------------------|--|--|--|--|
| Machine Name     | Sanitizer Type       | PPM | Temperature ( Fahrenheit) |  |  |  |  |
| l '              | Chlorine<br>Chlorine | 100 |                           |  |  |  |  |

| Equipment Temperature |                           |
|-----------------------|---------------------------|
| Description           | Temperature ( Fahrenheit) |
| Katom RIC/prep table  | 39                        |
| White RIF             | 8                         |
| Katom RIC #2          | 38                        |
| WIC                   | 40                        |

| Food Temperature |               |                         |
|------------------|---------------|-------------------------|
| Description      | State of Food | Temperature (Fahrenheit |
| Gravy            | Hot Holding   | 142                     |
| Turnip greens    | Hot Holding   | 140                     |
| Green beans      | Hot Holding   | 140                     |
| Diced tomatoes   | Cold Holding  | 38                      |
| Coleslaw         | Cold Holding  | 39                      |
| Ham              | Cold Holding  | 38                      |
| Hamburger Patty  | Cooking       | 170                     |
|                  |               |                         |
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| Observed Violations   |
|---|
| Total # 4   |
| Repeated # 0  |
| 34: No visible thermometers in any of the 7 white chest freezers in drystock area |
| 35: White food storage container in RIC not labeled                               |
| 42: Scoops and other utensils used as scoops stored in brown sugar and flour      |
| 45: Grooved cutting boards in food prep area in grill line and salad prep         |
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## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



### Establishment Information

Establishment Name: Depot Junction Cafe Establishment Number: 605079474

### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN): An employee health policy is available.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

6:

- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See sources
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: See temps
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: See temps
- 20: See temps

21:

- 22: (NO) Time as a public health control is not being used during the inspection.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.

24:

- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57:

58:

\*\*\*See page at the end of this document for any violations that could not be displayed in this space.

## Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| stablishment Name: Depot Junction Cafe |  |
|--|--|
| Establishment Number: 605079474        |  |
| Comments/Other Observations (south)    |  |
| Comments/Other Observations (cont'd)   |  |
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Establishment Information

| Establishment Informa  | TO THE STREET           |         |                   |  |
|--|-------------------------|---------|-------------------|--|
| the state of the s | ot Junction Cafe        |         |                   |  |
| Establishment Number #:  | 605079474               |         |                   |  |
| Sources  |                         |         |                   |  |
|  |                         | _       |                   |  |
| Source Type:   | Food                    | Source: | IWC HAILSEY SYSCO |  |
| Source Type:   | Water                   | Source: | City              |  |
|  |                         |         | •                 |  |
| Source Type:   |                         | Source: |                   |  |
| Source Type:   |                         | Source: |                   |  |
|  |                         |         |                   |  |
| Source Type:   |                         | Source: |                   |  |
| Additional Comment   | rs                      |         |                   |  |
|  |                         |         |                   |  |
| Three comp sink not s  | et up during inspection | on      |                   |  |
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