

**TENNESSEE DEPARTMENT OF HEALTH**  
**FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

**SCORE**

98

Establishment Name Red Robin Type of Establishment ☒ Permanent ☐ Mobile  
 Address 2032 Crossings Circle ☐ Temporary ☐ Seasonal  
 City Spring Hill Time in 01:21 PM AM / PM Time out 02:14 PM AM / PM  
 Inspection Date 11/16/2021 Establishment # 605248742 Embargoed 0  
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other \_\_\_\_\_  
 Risk Category ☒ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 154

**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.

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, 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		NA=not applicable		NO=not observed		COS=corrected on-site during inspection		R=repeat (violation of the same code provision)	
Compliance Status								COS	R	WT	
	IN	OUT	NA	NO	Supervision						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties			<input type="checkbox"/>	<input type="checkbox"/>	5	
	IN	OUT	NA	NO	Employee Health						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting			<input type="checkbox"/>	<input type="checkbox"/>	5	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion			<input type="checkbox"/>	<input type="checkbox"/>		
	IN	OUT	NA	NO	Good Hygienic Practices						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			<input type="checkbox"/>	<input type="checkbox"/>	5	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No discharge from eyes, nose, and mouth			<input type="checkbox"/>	<input type="checkbox"/>		
	IN	OUT	NA	NO	Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed			<input type="checkbox"/>	<input type="checkbox"/>	5	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed			<input type="checkbox"/>	<input type="checkbox"/>		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible			<input type="checkbox"/>	<input type="checkbox"/>	2	
	IN	OUT	NA	NO	Approved Source						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source			<input type="checkbox"/>	<input type="checkbox"/>	5	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			<input type="checkbox"/>	<input type="checkbox"/>		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated			<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction			<input type="checkbox"/>	<input type="checkbox"/>		
	IN	OUT	NA	NO	Protection from Contamination						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected			<input type="checkbox"/>	<input type="checkbox"/>	4	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized			<input type="checkbox"/>	<input type="checkbox"/>	5	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served			<input type="checkbox"/>	<input type="checkbox"/>	2	

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

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

## GOOD RETAIL PRACTICES

OUT=not in compliance

COS=corrected on-site during inspection

Compliance Status						COS	R	WT
	OUT	Safe Food and Water						
28	<input type="radio"/>	Pasteurized eggs used where required				<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source				<input type="radio"/>	<input type="radio"/>	2
30	<input type="radio"/>	Variance obtained for specialized processing methods				<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control						
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control				<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/>	Plant food properly cooked for hot holding				<input type="radio"/>	<input type="radio"/>	1
33	<input type="radio"/>	Approved thawing methods used				<input type="radio"/>	<input type="radio"/>	1
34	<input type="radio"/>	Thermometers provided and accurate				<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification						
35	<input type="radio"/>	Food properly labeled; original container; required records available				<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination						
36	<input type="radio"/>	Insects, rodents, and animals not present				<input type="radio"/>	<input type="radio"/>	2
37	<input checked="" type="radio"/>	Contamination prevented during food preparation, storage & display				<input type="radio"/>	<input type="radio"/>	1
38	<input type="radio"/>	Personal cleanliness				<input type="radio"/>	<input type="radio"/>	1
39	<input type="radio"/>	Wiping cloths, properly used and stored				<input type="radio"/>	<input type="radio"/>	1
40	<input type="radio"/>	Washing fruits and vegetables				<input type="radio"/>	<input type="radio"/>	1
	OUT	Proper Use of Utensils						
41	<input type="radio"/>	In-use utensils; properly stored				<input type="radio"/>	<input type="radio"/>	1
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled				<input type="radio"/>	<input type="radio"/>	1
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used				<input type="radio"/>	<input type="radio"/>	1
44	<input type="radio"/>	Gloves used properly				<input type="radio"/>	<input type="radio"/>	1

R-repeat (violation of the same code provision)

Compliance Status						COS	R	WT
	OUT	Utensils and Equipment						
45	<input type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				<input type="radio"/>	<input type="radio"/>	1
46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips				<input type="radio"/>	<input type="radio"/>	1
47	<input checked="" type="radio"/>	Nonfood-contact surfaces clean				<input type="radio"/>	<input type="radio"/>	1
	OUT	Physical Facilities						
48	<input type="radio"/>	Hot and cold water available; adequate pressure				<input type="radio"/>	<input type="radio"/>	2
49	<input type="radio"/>	Plumbing installed; proper backflow devices				<input type="radio"/>	<input type="radio"/>	2
50	<input type="radio"/>	Sewage and waste water properly disposed				<input type="radio"/>	<input type="radio"/>	2
51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned				<input type="radio"/>	<input type="radio"/>	1
52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained				<input type="radio"/>	<input type="radio"/>	1
53	<input type="radio"/>	Physical facilities installed, maintained, and clean				<input type="radio"/>	<input type="radio"/>	1
54	<input type="radio"/>	Adequate ventilation and lighting; designated areas used				<input type="radio"/>	<input type="radio"/>	1
	OUT	Administrative Items						
55	<input type="radio"/>	Current permit posted				<input type="radio"/>	<input type="radio"/>	0
56	<input type="radio"/>	Most recent inspection posted				<input type="radio"/>	<input type="radio"/>	
Compliance Status						YES	NO	WT
		Non-Smokers Protection Act						
57		Compliance with TN Non-Smoker Protection Act				<input checked="" type="radio"/>	<input type="radio"/>	
58		Tobacco products offered for sale				<input type="radio"/>	<input type="radio"/>	0
59		If tobacco products are sold, NSPA survey completed				<input type="radio"/>	<input type="radio"/>	

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. 7-C.A.R. sections 68-14-701, 68-14-702, 68-14-703, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

 _____ Signature of Person In Charge	11/16/2021 _____ Date	 _____ Signature of Environmental Health Specialist	11/16/2021 _____ Date
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\*\*\*\* Additional food safety information can be found on our website. <http://tn.gov/health/article/eh-foodservice> \*\*\*\*

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



<b>Establishment Information</b>	
Establishment Name:	Red Robin
Establishment Number #:	605248742

<b>NSPA Survey – To be completed if #57 is "No"</b>	
Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are 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.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

<b>Warewashing Info</b>			
<b>Machine Name</b>	<b>Sanitizer Type</b>	<b>PPM</b>	<b>Temperature ( Fahrenheit)</b>
Sanitizer Bucket	Quat	100	
Dish Machine	Chlorine	50	
Sanitizer Bucket		100	

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>
Raw Beef Lowboy Cooler	36
Main Prep Table	34
Chicken Freezer	0
Lowboy Freezer by Salad Prep	0

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>
Raw Beef Patty	Cold Holding	42
Raw Chicken	Cold Holding	38
Seasoned Tomatoes and Onions	Cold Holding	34
Impossible Beef Patty	Cold Holding	39
Cooked Peppers and Onions	Cold Holding	34
Sliced Tomatoes	Cold Holding	37
Cooked Raw Beef Patty	Cooking	174
Chili (WIC)	Cold Holding	40
Milk	Cold Holding	36
Raw Beef Patty	Cold Holding	42
Raw Chicken	Cold Holding	38
Seasoned Tomatoes and Onions	Cold Holding	34
Impossible Beef Patty	Cold Holding	39
Cooked Peppers and Onions	Cold Holding	34
Sliced Tomatoes	Cold Holding	37

### Observed Violations

Total # 4

Repeated # 0

- 37: Employee beverage stored on top of dish machine.
- 37: Employee beverage stored on top of dish machine.
- 47: Excessive grease buildup on spouts above grill station.
- 47: Excessive grease buildup on spouts above grill station.

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FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Red Robin

Establishment Number : 605248742

**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN): An employee health policy is available.
- 2: (IN): An employee health policy is available.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 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.
- 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.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Employees washing hands as required.
- 6: Employees washing hands as required.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 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.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See source.
- 9: See source.
- 10: (NO): No food received during inspection.
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of 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.
- 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.
- 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.
- 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.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: See temp.
- 16: See temp.
- 17: (NO) No TCS foods reheated during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.

\*\*\*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.**

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



**Establishment Information**

Establishment Name: Red Robin

Establishment Number : 605248742

**Comments/Other Observations (cont'd)**

20: See temps.

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.

22: (NA) No food held under time as a public health control.

22: (NA) No food held under time as a public health control.

23: Consumer food advisory available on menu.

23: Consumer food advisory available on menu.

24: (NA) A highly susceptible population is not served.

24: (NA) A highly susceptible population is not served.

25: (NA) Establishment does not use any additives or sulfites on the premises.

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.

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.

27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57:

57:

58:

58:

**Additional Comments (cont'd)*****See last page for additional comments.***

**Establishment Information**

Establishment Name: Red Robin

Establishment Number : 605248742

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)**

***See last page for additional comments.***

### Establishment Information

Establishment Name: Red Robin

Establishment Number #:	605248742
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## Sources

Source Type:	Food
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Source: Sysco

Source Type:	Water
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Source:	City
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Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

### ***Additional Comments***