



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

# 95

Establishment Name Zaxby's Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
 Address 2678 S. Church St. ☐ Temporary ☐ Seasonal  
 City Murfreesboro Time in 01:27 PM AM / PM Time out 02:10 PM AM / PM  
 Inspection Date 08/31/2022 Establishment # 605201900 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 54

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              |                          | Compliance Status        |                                     |                                     |  |   |  |   |  |   |                          | COS                      |                          |                          | R  |                          | WT                                  |                                     |                                     |   |                                     |   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Supervision  |  |  |  |  |                                     |                          |  |   |   |                 |                          |                          | IN                                  | OUT                                 | NA   | NO  | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods |   |  |   |                          |                          |                          |                          |    |                          |                                     |                                     |                                     |   |                                     |   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |
| 1                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     | Person in charge present, demonstrates knowledge, and performs duties                  |  |  |  |  | <input type="checkbox"/>            | <input type="checkbox"/> |  |   | 5 | 16              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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"/> |                          |                          |  |  |   |  |  |  |
| 2                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     | Management and food employee awareness, reporting                                      |  |  |  |  | <input type="checkbox"/>            | <input type="checkbox"/> |  |   | 5 |                 | IN                       | OUT                      | NA                                  | NO                                  | Cooling and Holding, Date Marking, and Time as a Public Health Control |   |  |   |  |   |                          |                          |                          |                          |    |                          |                                     |                                     |                                     |   |                                     |   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |
| 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  |  |  |  |  |                                     |                          |  |   |   |                 |                          | 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>            | Proper hot holding temperatures                         |    |                                      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |  |  |  |
| 4                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            | Proper eating, tasting, drinking, or tobacco use                                       |  |  |  |  | <input type="checkbox"/>            | <input type="checkbox"/> |  |   |   |                 |                          |                          |                                     |                                     |  | Proper cold holding temperatures                        |  |   |  |   | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          | 20 |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   | Proper date marking and disposition |   |    |                                      |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |  |   |  |  |  |
| 5                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            | No discharge from eyes, nose, and mouth  |  |  |  |  | <input 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                   |   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Preventing Contamination by Hands  |  |  |  |  |                                     |                          |  |   |   |                 |                          | 22                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                    | <input type="checkbox"/>                                |  |   |  |   |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |    |                          | 23                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>         |                                     | Consumer advisory provided for raw and undercooked food |    |                                      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 4 |  |  |  |
| 6                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            | Hands clean and properly washed  |  |  |  |  | <input type="checkbox"/>            | <input type="checkbox"/> |  |   | 5 |                 |                          |                          |                                     |                                     |  |   | Highly Susceptible Populations   |   |  |   |                          |                          |                          |                          |    |                          |                                     |                                     |                                     |   |                                     |   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |
| 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"/> |  |   |   |                 |                          |                          |                                     |                                     |  |   | Pasteurized foods used; prohibited foods not offered                     |   |  |   |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |    | 5                        |                                     | IN                                  | OUT                                 | NA  | NO                                  | Chemicals   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |
| 8                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |                                     | Handwashing sinks properly supplied and accessible                                     |  |  |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |   | 2 |                 |                          |                          |                                     |                                     |  |   | Food additives: approved and properly used                               |   |  |   |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |    | 5                        | 25                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>         |                                     | Toxic substances properly identified, stored, used      |    |                                      |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |  |  |  |
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Approved Source  |  |  |  |  |                                     |                          |  |   |   |                 |                          |                          |                                     |                                     |  |   |  | Compliance with variance, specialized process, and HACCP plan |  |   |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |    |                          |                                     | 5                                   |                                     | IN  | OUT                                 | NA  | NO | Conformance with Approved Procedures |                          |                          |                          |                          |  |  |   |  |  |  |
| 9                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     | Food obtained from approved source   |  |  |  |  | <input type="checkbox"/>            | <input type="checkbox"/> |  |   |   |                 |                          |                          |                                     |                                     |  |   |  |   |  |   |                          |                          |                          |                          |    |                          |                                     |                                     |                                     |   |                                     |   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |
| 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"/> |  |   | 5 |                 |                          |                          |                                     |                                     |  |   |  |   |  |   |                          |                          |                          |                          |    |                          |                                     |                                     |                                     |   |                                     |   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |
| 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 |                 |                          |                          |                                     |                                     |  |   |  |   |  |   |                          |                          |                          |                          |    |                          |                                     |                                     |                                     |   |                                     |   |    |                                      |                          |                          |                          |                          |  |  |   |  |  |  |



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



***Establishment Information***

Establishment Name: Zaxby's  
Establishment Number #: 605201900

***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 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.  |  |

***Warewashing Info***

| Machine Name           | Sanitizer Type | PPM | Temperature ( Fahrenheit) |
|------------------------|----------------|-----|---------------------------|
| 3 comp sink not set up | Quat           | 200 |                           |

***Equipment Temperature***

| Description | Temperature ( Fahrenheit) |
|-------------|---------------------------|
|             |                           |

***Food Temperature***

| Description                             | State of Food | Temperature ( Fahrenheit) |
|---|---------------|---------------------------|
| Cole slaw make line cooler              | Cold Holding  | 41                        |
| Sliced tomatoes in cup make line cooler | Cold Holding  | 42                        |
| Fried chicken wings make line warmer    | Hot Holding   | 155                       |
| Fried chicken wings hot box             | Hot Holding   | 175                       |
| Raw chicken make line drawer            | Cold Holding  | 39                        |
| Cole slaw wic                           | Cold Holding  | 39                        |
| Sliced tomatoes wic                     | Cold Holding  | 39                        |
| Raw chicken wic                         | Cold Holding  | 39                        |



### Observed Violations

Total # 4

Repeated # 0

8: Back hand washing sink has apron and food container stored in it. Corrected by discussing and manager relocating items.

39: Wiping cloths sitting out on prep line not stored in sanitizer bucket.

41: Flour scoop with handle touching flour in container.

53: Trash, food debris build up all throughout kitchen floors and storage area.



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**Establishment Information**

Establishment Name: Zaxby's

Establishment Number : 605201900

**Comments/Other Observations**

- 1: (IN): ANSI Certified Manager present.
- 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: Employees stayed on task.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 9: See food source.
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: See food temps.
- 20: See food temps.
- 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.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 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.***

\*\*\*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: Zaxby's

Establishment Number : 605201900

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



**Establishment Information**

Establishment Name: Zaxby's

Establishment Number #: 605201900

**Sources**

Source Type: Food

Source: Pfg

Source Type: Water

Source: Murfreesboro city

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

**Additional Comments**

Murfreesboro23003@zaxbys.com