



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

91

Establishment Name Krystal CHN010 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 4868 Hixson Pike ☐ Temporary ☐ Seasonal  
City Hixson Time in 08:35 AM AM / PM Time out 09:25 AM AM / PM  
Inspection Date 08/10/2023 Establishment # 605304870 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 62

**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											COS	R	WT	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods											COS	R	WT		
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person in charge present, demonstrates knowledge, and performs duties											<input type="radio"/>	<input type="radio"/>	5	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper cooking time and temperatures											<input type="radio"/>	<input type="radio"/>	5
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management and food employee awareness, reporting											<input type="radio"/>	<input type="radio"/>	5	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper reheating procedures for hot holding											<input type="radio"/>	<input type="radio"/>	5
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion											<input type="radio"/>	<input type="radio"/>	5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control													
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Good Hygienic Practices														18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper cooling time and temperature											<input type="radio"/>	<input type="radio"/>	
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Preventing Contamination by Hands														19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures											<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved Source														20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures											<input type="radio"/>	<input type="radio"/>	5
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Protection from Contamination														21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition											<input type="radio"/>	<input type="radio"/>	
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer Advisory														22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records											<input type="radio"/>	<input type="radio"/>	
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly Susceptible Populations														23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided for raw and undercooked food											<input type="radio"/>	<input type="radio"/>	4
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Chemicals															IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered											<input type="radio"/>	<input type="radio"/>	5
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used														24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>														
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored, used															IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan											<input type="radio"/>	<input type="radio"/>	5
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Conformance with Approved Procedures														25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>												<input type="radio"/>	<input type="radio"/>	5
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>															26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>												<input type="radio"/>	<input type="radio"/>	5
15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																IN	OUT	NA	NO												<input type="radio"/>	<input type="radio"/>	5

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

OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)																											
Compliance Status															COS	R	WT	Compliance Status															COS	R	WT		
OUT	Safe Food and Water														COS	R	WT	OUT	Utensils and Equipment														COS	R	WT		
28	<input type="radio"/>	Pasteurized eggs used where required														<input type="radio"/>	<input type="radio"/>	1	45	<input type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used														<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source														<input type="radio"/>	<input type="radio"/>	2	46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips														<input type="radio"/>	<input type="radio"/>	1
30	<input type="radio"/>	Variance obtained for specialized processing methods														<input type="radio"/>	<input type="radio"/>	1	47	<input type="radio"/>	Nonfood-contact surfaces clean														<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control																		OUT	Physical Facilities																
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control														<input type="radio"/>	<input type="radio"/>	2	48	<input type="radio"/>	Hot and cold water available; adequate pressure														<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	49	<input checked="" type="radio"/>	Plumbing installed; proper backflow devices														<input type="radio"/>	<input type="radio"/>	2
33	<input type="radio"/>	Approved thawing methods used														<input type="radio"/>	<input type="radio"/>	1	50	<input type="radio"/>	Sewage and waste water properly disposed														<input type="radio"/>	<input type="radio"/>	2
34	<input type="radio"/>	Thermometers provided and accurate														<input type="radio"/>	<input type="radio"/>	1	51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned														<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification																	52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained														<input type="radio"/>	<input type="radio"/>	1
35	<input type="radio"/>	Food properly labeled; original container; required records available														<input type="radio"/>	<input type="radio"/>	1	53	<input checked="" type="radio"/>	Physical facilities installed, maintained, and clean														<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination																	54	<input type="radio"/>	Adequate ventilation and lighting; designated areas used														<input type="radio"/>	<input type="radio"/>	1
36	<input type="radio"/>	Insects, rodents, and animals not present														<input type="radio"/>	<input type="radio"/>	2		OUT	Administrative Items																
37	<input type="radio"/>	Contamination prevented during food preparation, storage & display														<input type="radio"/>	<input type="radio"/>	1	55	<input type="radio"/>	Current permit posted														<input type="radio"/>	<input type="radio"/>	0
38	<input type="radio"/>	Personal cleanliness														<input type="radio"/>	<input type="radio"/>	1	56	<input type="radio"/>	Most recent inspection posted														<input type="radio"/>	<input type="radio"/>	0
39	<input type="radio"/>	Wiping cloths: properly used and stored														<input type="radio"/>	<input type="radio"/>	1			Compliance Status														YES	NO	WT
40	<input type="radio"/>	Washing fruits and vegetables														<input type="radio"/>	<input type="radio"/>	1			Non-Smokers Protection Act																
	OUT	Proper Use of Utensils																	57	<input checked="" type="radio"/>	Compliance with TN Non-Smoker Protection Act														<input checked="" type="radio"/>	<input type="radio"/>	0
41	<input checked="" type="radio"/>	In-use utensils; properly stored														<input type="radio"/>	<input type="radio"/>	1	58	<input type="radio"/>	Tobacco products offered for sale														<input type="radio"/>	<input type="radio"/>	0
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled														<input type="radio"/>	<input type="radio"/>	1	59	<input type="radio"/>	If tobacco products are sold, NSPA survey completed														<input type="radio"/>	<input type="radio"/>	0
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																			

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. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 08/10/2023 Signature of Environmental Health Specialist [Signature] Date 08/10/2023

\*\*\*\* 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:	Krystal CHN010
Establishment Number #:	605304870

<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>
Sani buckets and 3 sink	Quat	400	

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>
Chicken	Hot Holding	141
Chicken	Hot Holding	161
Chili	Hot Holding	164
Gravy	Hot Holding	147
Egg	Hot Holding	146
Hot dog	Cold Holding	31
Egg	Hot Holding	144
Milk	Cold Holding	40

### Observed Violations

Total # 4

Repeated # 0

6: Observed employee cracking shell egg and changing gloves without washing hands.

41: Utensil stored in room temp standing water

49: Hand sink in poor repair

53: Ceiling dripping around air vents in several locations.

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**Establishment Information**

Establishment Name: Krystal CHN010

Establishment Number : 605304870

**Comments/Other Observations**

- 1: (IN): ANSI Certified Manager present.
- 2: Employees familiar with posted policy
- 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.
- 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: Approved 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: All food cooked were eggs cooked under well done
- 17: (NO) No TCS foods reheated during inspection. All food reheated at time of inspection.
- 18: No cooling observed
- 19: All hot holding adequate
- 20: Adequate cold holding
- 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: Posted for eggs
- 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: Krystal CHN010

Establishment Number : 605304870

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



**Establishment Information**

Establishment Name: Krystal CHN010

Establishment Number #: 605304870

**Sources**

Source Type:	Food	Source:	Us foods
Source Type:	Water	Source:	Public
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

**Additional Comments**