



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**99**

Establishment Name Zaxby's # 66105 Type of Establishment  Farmer's Market Food Unit  Permanent  Mobile  
 Address 8884 Old Lee Hwy  Temporary  Seasonal  
 City Ooltewah Time in 10:30 AM AM / PM Time out 11:10:AM AM / PM  
 Inspection Date 08/03/2021 Establishment # 605251933 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 68

**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.)

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Supervision</b>							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Employee Health</b>							
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"/>	5
<b>Good Hygienic Practices</b>							
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"/>	5
<b>Preventing Contamination by Hands</b>							
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"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	<input type="checkbox"/>	<input type="checkbox"/>	5
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	2
<b>Approved Source</b>							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	5
10	<input checked="" 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"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	5
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Protection from Contamination</b>							
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"/>	<input type="checkbox"/>	Proper disposition of unsafe food, returned food not re-served	<input type="checkbox"/>	<input type="checkbox"/>	2

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

### GOOD RETAIL PRACTICES

Compliance Status					COS	R	WT
OUT							
<b>Safe Food and Water</b>							
28	<input type="checkbox"/>			Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	1
29	<input type="checkbox"/>			Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	2
30	<input type="checkbox"/>			Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	1
<b>Food Temperature Control</b>							
31	<input type="checkbox"/>			Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	2
32	<input type="checkbox"/>			Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	1
33	<input type="checkbox"/>			Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	1
34	<input type="checkbox"/>			Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	1
<b>Food Identification</b>							
35	<input type="checkbox"/>			Food properly labeled; original container; required records available	<input type="checkbox"/>	<input type="checkbox"/>	1
<b>Prevention of Food Contamination</b>							
36	<input type="checkbox"/>			Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	2
37	<input type="checkbox"/>			Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	1
38	<input type="checkbox"/>			Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	1
39	<input type="checkbox"/>			Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	1
40	<input type="checkbox"/>			Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	1
<b>Proper Use of Utensils</b>							
41	<input type="checkbox"/>			In-use utensils; properly stored	<input type="checkbox"/>	<input type="checkbox"/>	1
42	<input type="checkbox"/>			Utensils, equipment and linens; properly stored, dried, handled	<input type="checkbox"/>	<input type="checkbox"/>	1
43	<input type="checkbox"/>			Single-use/single-service articles; properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	1
44	<input type="checkbox"/>			Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	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, 4-5-320.

On file 08/03/2021 Robert L. L... 08/03/2021  
 Signature of Person In Charge Date Signature of Environmental Health Specialist Date

\*\*\*\* 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



**Establishment Information**

Establishment Name: Zaxby's # 66105  
 Establishment Number #: 605251933

**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)
Triple sink	QA	200	

**Equipment Temperature**

Description	Temperature ( Fahrenheit)
Walk in cooler	38
Prep area reach in cooler	40
Reach in under prep area	38

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)
Grilled chicken	Hot Holding	154
Coleslaw	Cold Holding	41
Sliced cucumbers	Cold Holding	38
Corn kernels	Cold Holding	38
Sliced tomatoes	Cold Holding	38
Sliced tomatoes (walk in cooler)	Cold Holding	37
Raw chicken (prep station)	Cold Holding	36
Raw chicken (walk in cooler)	Cold Holding	38
Cut leafy greens (walk in)	Cold Holding	38
Dairy (walk in cooler)	Cold Holding	37

**Observed Violations**

**Total #** 2

**Repeated #** 0

47: Bottom of reach in coolers dirty in prep area.  
47: Gaskets to drawers near fryer area dirty.



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**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 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: Good handwashing observed.
- 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: Food from approved 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: (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 temperatures.
- 20: See temperatures.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 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: (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.

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

***Additional Comments (cont'd)***

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

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**Sources**

Source Type: Food Source: PFG

Source Type: Water Source: Public

Source Type: Source:

Source Type: Source:

Source Type: Source:

**Additional Comments**