



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**97**

Establishment Name Little Caesar's Type of Establishment  Farmer's Market Food Unit  
 Permanent  Mobile  
Address 2991 Canada Rd., STE 102  
 Temporary  Seasonal  
City Lakeland Time in 10:50 AM AM / PM Time out 11:40:AM AM / PM  
Inspection Date 08/22/2023 Establishment # 605207831 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 \_\_\_\_\_

**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="radio"/>	<input type="radio"/>					5
<b>Employee Health</b>							
2	<input checked="" type="radio"/>	<input type="radio"/>					5
3	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Good Hygienic Practices</b>							
4	<input checked="" type="radio"/>	<input type="radio"/>					5
5	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Preventing Contamination by Hands</b>							
6	<input checked="" type="radio"/>	<input type="radio"/>					5
7	<input checked="" type="radio"/>	<input type="radio"/>					5
8	<input checked="" type="radio"/>	<input type="radio"/>					2
<b>Approved Source</b>							
9	<input checked="" type="radio"/>	<input type="radio"/>					5
10	<input checked="" type="radio"/>	<input type="radio"/>					5
11	<input checked="" type="radio"/>	<input type="radio"/>					5
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Protection from Contamination</b>							
13	<input checked="" type="radio"/>	<input type="radio"/>					4
14	<input checked="" type="radio"/>	<input type="radio"/>					5
15	<input checked="" type="radio"/>	<input type="radio"/>					2

  

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>							
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
17	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			5
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>							
18	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			5
19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			5
<b>Consumer Advisory</b>							
23	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			4
<b>Highly Susceptible Populations</b>							
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			5
<b>Chemicals</b>							
25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			5
26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
<b>Conformance with Approved Procedures</b>							
27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			5

**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="radio"/>						1
29	<input type="radio"/>						2
30	<input type="radio"/>						1
<b>Food Temperature Control</b>							
31	<input type="radio"/>						2
32	<input type="radio"/>						1
33	<input type="radio"/>						1
34	<input type="radio"/>						1
<b>Food Identification</b>							
35	<input checked="" type="radio"/>						1
<b>Prevention of Food Contamination</b>							
36	<input type="radio"/>						2
37	<input type="radio"/>						1
38	<input type="radio"/>						1
39	<input type="radio"/>						1
40	<input type="radio"/>						1
<b>Proper Use of Utensils</b>							
41	<input type="radio"/>						1
42	<input checked="" type="radio"/>						1
43	<input type="radio"/>						1
44	<input type="radio"/>						1

  

Compliance Status					COS	R	WT
OUT							
<b>Utensils and Equipment</b>							
45	<input type="radio"/>						1
46	<input type="radio"/>						1
47	<input type="radio"/>						1
<b>Physical Facilities</b>							
48	<input type="radio"/>						2
49	<input type="radio"/>						2
50	<input type="radio"/>						2
51	<input type="radio"/>						1
52	<input type="radio"/>						1
53	<input checked="" type="radio"/>						1
54	<input type="radio"/>						1
<b>Administrative Items</b>							
55	<input type="radio"/>						0
56	<input type="radio"/>						0
<b>Compliance Status</b>							
<b>Non-Smokers Protection Act</b>							
57	<input checked="" type="radio"/>						0
58	<input type="radio"/>						0
59	<input type="radio"/>						0

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.

V. W. [Signature] 08/22/2023 [Signature] 08/22/2023  
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: Little Caesar's  
 Establishment Number #: 605207831

**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.	No
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	No
"No Smoking" signs or the International "Non-Smoking" symbol are not conspicuously posted at every entrance.	No
Garage type doors in non-enclosed areas are not completely open.	No
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	No
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	No
Smoking observed where smoking is prohibited by the Act.	No

**Warewashing Info**

Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)
3 comp sink	QA		

**Equipment Temperature**

Description	Temperature ( Fahrenheit)
Walk in cooler	39
Reach in cooler	40
Warmer	164
Warmer	166

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)
Sausage	Cold Holding	40
Beef	Cold Holding	40

**Observed Violations**

**Total #** 3

**Repeated #** 0

35: Label the container of baking soda

42: Keep the pans / pizza pans stacked right side down

53: Clean the walls , ceiling tiles , vent covers , also the vent cover inside restroom , ventahood and oven , etc



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***Comments/Other Observations***

- 1:
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\*\*\*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: Little Caesar's

Establishment Number : 605207831

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

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

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

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Establishment Number #:	605207831

**Sources**

Source Type:	Food	Source:	Blueline
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

**Additional Comments**

2024 permit posted , know set up of 3 comp sink , food temps good , no cooling process , etc