

Establishment Name

Address

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Follow-up Required

O Farmer's Market Food Unit Remanent O Mobile

Type of Establishment

O Temporary O Seasonal

O Yes 疑 No

SCORE

City Inspection Date

Little Caesars #2

Hixson

5510 Hwy 153 Suite 106

Time in 12:50 PM AM / PM Time out 01:20: PM AM / PM

07/15/2024 Establishment # 605253468 Embargoed 0

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other О3

04

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| - 12 | ¥=in c | compli | ance | | OUT=not in compliance NA=not applicable NO=not observe | _ | | | S=cor | recte | d on-si | te duri | ing ins | spection |
|------|--------|--------|------|----------|--|-----|---|--------|-------|-------|---------|---------|---------|----------|
| | | | | | Compliance Status | cos | R | WT | | | | | | |
| | IN | оит | NA | NO | Supervision | | | | | IN | оит | NA | NO | Coo |
| 1 | 器 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | 16 | 0 | 0 | XX. | 0 | Proper |
| | IN | OUT | NA | NO | Employee Health | | | | 17 | ō | ō | 1 | ō | Proper |
| 2 | 300 | 0 | | _ | Management and food employee awareness; reporting | 0 | 0 | \Box | | | | | | Cooli |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | Ш | IN | OUT | NA | NO | |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | 18 | 0 | 0 | 0 | 涎 | Proper |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 19 | 0 | 0 | 文 | 0 | Proper |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° l | 20 | 200 | 0 | 0 | | Proper |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | 21 | 0 | 0 | 0 | 120 | Proper |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | 22 | × | 0 | 0 | 0 | Time a |
| 7 | 왮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved | 0 | 0 | 5 | | | _ | _ | _ | THING B |
| _ | - | _ | | | alternate procedures followed | _ | _ | \Box | | IN | OUT | NA | NO | |
| 8 | 35 | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | 23 | 0 | lol | 38 | | Consu |
| | | | NA | NO | Approved Source | - | | - | | _ | | | | food |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | | | IN | OUT | NA | NO | |
| 10 | 0 | 0 | 0 | <u>×</u> | Food received at proper temperature | 0 | 0 | ١.١ | 24 | 0 | 0 | 333 | | Pasteu |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 | | _ | ŭ | - | | 1 00100 |
| 12 | 0 | 0 | 333 | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | H | | IN | OUT | NA | NO | |
| | IN | OUT | NA | NO | Protection from Contamination | | | | 25 | 0 | 0 | 36 | | Food a |
| 13 | 0 | 0 | 窳 | | Food separated and protected | 0 | 0 | 4 | 26 | | ō | - | , | Taxic s |
| 14 | × | _ | 0 | 1 | Food-contact surfaces: cleaned and sanitized | ō | 0 | 5 | | _ | OUT | NA | NO | С |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compl |

| | | | | | Compliance Status | cos | R | WT |
|----|-----|-----|----------|-----|---|-----|---|----|
| | IN | оит | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | × | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 323 | 0 | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | _ | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | | 0 | 窯 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | | 0 | 0 | L. | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | 0 | 0 | 0 | 200 | Proper date marking and disposition | 0 | 0 | • |
| 22 | X | 0 | 0 | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | 0 | 0 | × | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | 335 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 0.0 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | Ľ |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

to control the introduction of pathogens, chemicals, and physical objects into foods.

| | | | GOO | | |
|----|-----|--|-----|---|---|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Safe Food and Water | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | Г |
| 29 | 0 | Water and ice from approved source | 0 | 0 | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | Ľ |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | Г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | г |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | , |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | Г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | ļ |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | Г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | |
| 44 | 10 | Gloves used properly | 0 | 0 | |

Signature of Person In Charge

| ecti | on | R-repeat (violation of the same code provision) Compliance Status | COS | В | w |
|------|-----|---|--------|----|-----|
| | OUT | Utensils and Equipment | 1000 | ĸ | w |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 47 | 100 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT | Physical Facilities | | _ | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | - 2 |
| 49 | ō | Plumbing installed; proper backflow devices | Ō | Ō | -: |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | - : |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | _ |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | - |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | - |
| | OUT | Administrative Items | \top | | |
| 55 | 0 | Current permit posted | 0 | 0 | _ |
| 56 | 0 | Most recent inspection posted | 0 | 0 | |
| | | Compliance Status | YES | NO | W |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - X | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

on report in a conspicuous manner. You have the right to request a h ten (10) days of the date of the 14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

07/15/2024

Date Signature of Environmental Health Specialist 07/15/2024

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 4232098110 Please call (to sign-up for a class.

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | |
|---------------------------|--|
|---------------------------|--|

Establishment Name: Little Caesars #2
Establishment Number # | 605253468

| 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 (Fahrenhelt) | | | | | | |
| 3 sink | Quat | 200 | | | | | | | |

| Equipment Temperature | | | | | | | | |
|-----------------------|------------------------|------|--|--|--|--|--|--|
| Description | Temperature (Fahrenhe | elt) | | | | | | |
| Walkin | 36 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Food Temperature | | |
|------------------|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| Pepperoni | Cold Holding | 41 |
| Sausage | Cold Holding | 39 |
| Marinara | Cold Holding | 39 |
| Pepperoni | Cold Holding | 40 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Observed Violations |
|---|
| Total # 1 |
| Repeated # () |
| 47: Build upon speed racks in walkin. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| ***See page at the end of this document for any violations that could not be displayed in this space. |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Little Caesars #2
Establishment Number: 605253468

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Policy posted on side of walkin
- 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: Obserbed hand washing after handling money before returning to food prep
- 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
- 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: No raw protein
- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: Not observed. Minimal, food prep
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Adequate cold holding available
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 22: Using timers for pizza correctly
- 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:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}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 Caesars #2 | |
| Establishment Number: 605253468 | |
| | |
| Comments/Other Observations (cont'd) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Additional Comments (cont'd) | |
| See last page for additional comments. | |
| oo last page is: additional comments. | |
| | |
| | |
| | |
| | |
| | |
| | |

| Establishment Information | | | | | | | | | |
|---------------------------|---------------|---------|-----|---|--|--|--|--|--|
| Establishment Name: Litt | le Caesars #2 | | | | | | | | |
| Establishment Number #: | 605253468 | | | Ī | | | | | |
| | | | | | | | | | |
| Sources | | | | | | | | | |
| Source Type: | Water | Source: | Hud | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Additional Commen | its | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |