



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

# 95

Establishment Name Krystal Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile

Address 750 Nissan Blvd. ☐ Temporary ☐ Seasonal

City Smyrna Time in 01:57 PM AM / PM Time out 02:24 PM AM / PM

Inspection Date 04/25/2023 Establishment # 605138813 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 56

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)				
<b>Supervision</b>																				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							
<b>Employee Health</b>																				COS	R	WT							
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							
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"/>								
<b>Good Hygienic Practices</b>																				COS	R	WT							
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco use															<input type="radio"/>	<input type="radio"/>	5							
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth															<input type="radio"/>	<input type="radio"/>								
<b>Preventing Contamination by Hands</b>																				COS	R	WT							
6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed															<input type="radio"/>	<input type="radio"/>	5							
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed															<input type="radio"/>	<input type="radio"/>								
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Handwashing sinks properly supplied and accessible															<input type="radio"/>	<input type="radio"/>	2							
<b>Approved Source</b>																				COS	R	WT							
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source															<input type="radio"/>	<input type="radio"/>								
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature															<input type="radio"/>	<input type="radio"/>	5							
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated															<input type="radio"/>	<input type="radio"/>								
12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: shell stock tags, parasite destruction															<input type="radio"/>	<input type="radio"/>								
<b>Protection from Contamination</b>																				COS	R	WT							
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected															<input type="radio"/>	<input type="radio"/>	4							
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned and sanitized															<input type="radio"/>	<input type="radio"/>	5							
15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper disposition of unsafe food, returned food not re-served															<input type="radio"/>	<input type="radio"/>	2							

  

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<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>																				COS	R	WT							
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures															<input type="radio"/>	<input type="radio"/>	5							
17	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding															<input type="radio"/>	<input type="radio"/>								
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>																				COS	R	WT							
18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperature															<input type="radio"/>	<input type="radio"/>								
19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures															<input type="radio"/>	<input type="radio"/>	5							
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures															<input type="radio"/>	<input type="radio"/>								
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"/>								
22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records															<input type="radio"/>	<input type="radio"/>								
<b>Consumer Advisory</b>																				COS	R	WT							
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							
<b>Highly Susceptible Populations</b>																				COS	R	WT							
24	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered															<input type="radio"/>	<input type="radio"/>	5							
<b>Chemicals</b>																				COS	R	WT							
25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used															<input type="radio"/>	<input type="radio"/>	5							
26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored, used															<input type="radio"/>	<input type="radio"/>								
<b>Conformance with Approved Procedures</b>																				COS	R	WT							
27	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Compliance with variance, specialized process, and HACCP plan															<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.

## GOOD RETAIL PRACTICES

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

  

OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)				
<b>Utensils and Equipment</b>										COS	R	WT		
45	<input checked="" type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used								<input type="radio"/>	<input type="radio"/>	1		
46	<input checked="" type="radio"/>	Warewashing facilities; installed, maintained, used, test strips								<input type="radio"/>	<input type="radio"/>	1		
47	<input checked="" type="radio"/>	Nonfood-contact surfaces clean								<input type="radio"/>	<input type="radio"/>	1		
<b>Physical Facilities</b>										COS	R	WT		
48	<input checked="" type="radio"/>	Hot and cold water available; adequate pressure								<input type="radio"/>	<input type="radio"/>	2		
49	<input checked="" type="radio"/>	Plumbing installed; proper backflow devices								<input type="radio"/>	<input type="radio"/>	2		
50	<input checked="" type="radio"/>	Sewage and waste water properly disposed								<input type="radio"/>	<input type="radio"/>	2		
51	<input checked="" type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned								<input type="radio"/>	<input type="radio"/>	1		
52	<input checked="" type="radio"/>	Garbage/refuse properly disposed; facilities maintained								<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		
54	<input checked="" type="radio"/>	Adequate ventilation and lighting; designated areas used								<input type="radio"/>	<input type="radio"/>	1		
<b>Administrative Items</b>										COS	R	WT		
55	<input checked="" type="radio"/>	Current permit posted								<input type="radio"/>	<input type="radio"/>	0		
56	<input checked="" type="radio"/>	Most recent inspection posted								<input type="radio"/>	<input type="radio"/>			
<b>Compliance Status</b>										YES	NO	WT		
<b>Non-Smokers Protection Act</b>										COS	R	WT		
57	<input checked="" type="radio"/>	Compliance with TN Non-Smoker Protection Act								<input type="radio"/>	<input type="radio"/>	0		
58	<input checked="" type="radio"/>	Tobacco products offered for sale								<input type="radio"/>	<input type="radio"/>			
59	<input checked="" type="radio"/>	If tobacco products are sold, NSPA survey completed								<input type="radio"/>	<input type="radio"/>			

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 04/25/2023 Signature of Environmental Health Specialist [Signature] Date 04/25/2023

\*\*\*\* 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
Establishment Number #:	605138813

<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>
3 comp sink	Quat	100	

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>
Walk in cooler	37

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>
Chicken tenders warmer	Hot Holding	112
Beef pattie warmer	Hot Holding	100
Precooked chicken cooler	Cold Holding	40
Chili make line steam well	Hot Holding	150
Precooked chicken wic	Cold Holding	39

### Observed Violations

Total # 1

Repeated # 0

19: Chicken tenders and beef patties in warmer above stove not in proper temp range. Pic was unsure of how long they had been in there for. Corrected by discussing and discarding.

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Krystal

Establishment Number : 605138813

**Comments/Other Observations**

- 1: (IN): ANSI Certified Manager present.
- 2: Management awareness
- 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: Observed good hand washing
- 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: 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: Not observed
- 17: Not observed
- 18: Not observed
- 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: Krystal

Establishment Number : 605138813

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

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

**Establishment Information**

Establishment Name: Krystal

Establishment Number #: 605138813

**Sources**

Source Type: Food

Source: Pfg

Source Type: Water

Source: Smyrna city

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

**Additional Comments**

Nshf11@bjkf-krystal.com