



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

92

Establishment Name DB's Restaurant Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 1144 Riverside Dr. ☐ Temporary ☐ Seasonal
City Columbia Time in 02:41 PM AM / PM Time out 03:48 PM AM / PM
Inspection Date 12/08/2023 Establishment # 605259692 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 100

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									
	IN	OUT	NA	NO	Supervision																								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="checkbox"/>	<input type="checkbox"/>	5																	
	IN	OUT	NA	NO	Employee Health																								
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																	
	IN	OUT	NA	NO	Good Hygienic Practices																								
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																	
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
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"/>			Handwashing sinks properly supplied and accessible					<input type="checkbox"/>	<input type="checkbox"/>	2																	
	IN	OUT	NA	NO	Approved Source																								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source					<input type="checkbox"/>	<input type="checkbox"/>	5																	
10	<input type="checkbox"/>	<input 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"/>			Food in good condition, safe, and unadulterated					<input type="checkbox"/>	<input type="checkbox"/>	5																	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction					<input type="checkbox"/>	<input type="checkbox"/>	5																	
	IN	OUT	NA	NO	Protection from Contamination																								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected					<input type="checkbox"/>	<input type="checkbox"/>	4																	
14	<input type="checkbox"/>	<input checked="" 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"/>			Proper disposition of unsafe food, returned food not re-served					<input type="checkbox"/>	<input type="checkbox"/>	2																	

Compliance Status										COS					R					WT				
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																			
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures					<input type="checkbox"/>	<input type="checkbox"/>	5												
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding					<input type="checkbox"/>	<input type="checkbox"/>	5												
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																			
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature					<input type="checkbox"/>	<input type="checkbox"/>	5												
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>	5												
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>	5												
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition					<input type="checkbox"/>	<input type="checkbox"/>	5												
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records					<input type="checkbox"/>	<input type="checkbox"/>	5												
	IN	OUT	NA	NO	Consumer Advisory																			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consumer advisory provided for raw and undercooked food					<input type="checkbox"/>	<input type="checkbox"/>	4												
	IN	OUT	NA	NO	Highly Susceptible Populations																			
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered					<input type="checkbox"/>	<input type="checkbox"/>	5												
	IN	OUT	NA	NO	Chemicals																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>	5												
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used					<input type="checkbox"/>	<input type="checkbox"/>	5												
	IN	OUT	NA	NO	Conformance with Approved Procedures																			
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan					<input type="checkbox"/>	<input type="checkbox"/>	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)	
Compliance Status		COS	R	WT	
Safe Food and Water					
28	<input type="radio"/> OUT	Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/> OUT	Water and ice from approved source	<input type="radio"/>	<input type="radio"/>	2
30	<input type="radio"/> OUT	Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	1
Food Temperature Control					
31	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/> OUT	Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	1
33	<input type="radio"/> OUT	Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	1
34	<input type="radio"/> OUT	Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	1
Food Identification					
35	<input type="radio"/> OUT	Food properly labeled; original container; required records available	<input type="radio"/>	<input type="radio"/>	1
Prevention of Food Contamination					
36	<input type="radio"/> OUT	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 type="radio"/> OUT	Personal cleanliness	<input type="radio"/>	<input type="radio"/>	1
39	<input type="radio"/> OUT	Wiping cloths; properly used and stored	<input type="radio"/>	<input type="radio"/>	1
40	<input type="radio"/> OUT	Washing fruits and vegetables	<input type="radio"/>	<input type="radio"/>	1
Proper Use of Utensils					
41	<input type="radio"/> OUT	In-use utensils; properly stored	<input type="radio"/>	<input type="radio"/>	1
42	<input type="radio"/> OUT	Utensils, equipment and linens; properly stored, dried, handled	<input type="radio"/>	<input type="radio"/>	1
43	<input type="radio"/> OUT	Single-use/single-service articles; properly stored, used	<input type="radio"/>	<input type="radio"/>	1
44	<input type="radio"/> OUT	Gloves used properly	<input type="radio"/>	<input type="radio"/>	1

Compliance Status		COS	R	WT	
Utensils and Equipment					
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 type="radio"/> OUT	Warewashing facilities, installed, maintained, used, test strips	<input type="radio"/>	<input type="radio"/>	1
47	<input type="radio"/> OUT	Nonfood-contact surfaces clean	<input type="radio"/>	<input type="radio"/>	1
Physical Facilities					
48	<input type="radio"/> OUT	Hot and cold water available; adequate pressure	<input type="radio"/>	<input type="radio"/>	2
49	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	<input type="radio"/>	<input type="radio"/>	2
50	<input type="radio"/> OUT	Sewage and waste water properly disposed	<input type="radio"/>	<input type="radio"/>	2
51	<input type="radio"/> OUT	Toilet facilities; properly constructed, supplied, cleaned	<input type="radio"/>	<input type="radio"/>	1
52	<input type="radio"/> OUT	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 type="radio"/> OUT	Adequate ventilation and lighting; designated areas used	<input type="radio"/>	<input type="radio"/>	1
Administrative Items					
55	<input type="radio"/> OUT	Current permit posted	<input type="radio"/>	<input type="radio"/>	0
56	<input type="radio"/> OUT	Most recent inspection posted	<input type="radio"/>	<input type="radio"/>	0
Compliance Status		YES	NO	WT	
Non-Smokers Protection Act					
57	<input type="radio"/> OUT	Compliance with TN Non-Smoker Protection Act	<input type="radio"/>	<input checked="" type="radio"/>	0
58	<input type="radio"/> OUT	Tobacco products offered for sale	<input type="radio"/>	<input type="radio"/>	0
59	<input type="radio"/> OUT	If tobacco products are sold, NSPA survey completed	<input type="radio"/>	<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, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge Rick Ferby Date 12/08/2023 Signature of Environmental Health Specialist [Signature] Date 12/08/2023

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

Establishment Number #: 605259692

Smoking observed where smoking is prohibited by the Act.

Description	State of Food	Temperature (Fahrenheit)
Sliced tomatoes	Cold Holding	40
Precooked chicken wings	Cold Holding	38
Philly cheesesteak raw	Cold Holding	36
Precooked chicken wings	Reheating	197
Sliced tomatoes	Cold Holding	38
Chicken precooked	Cold Holding	37
Precooked chicken wings	Cold Holding	36

Observed Violations

Total # 5

Repeated # 0

14: Ware washer not sanitizing.

CA: pic to setup 3 comp sink to sanitize dishes. Called auto chlor for repairs

37: Employee beverage on food prep table on open top prep

37: Employee beverage stored on food prep counter on pizza station.

45: Black garbage bags used to cover pizza dough on counter

53: Floor under fryers has grease buildup

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: DB's Restaurant

Establishment Number : 605259692

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Pic aware of policies.
- 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: Employees observed washing hands
- 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: PFG, Pepes, GFS
- 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.
- 15: (IN) No unsafe, returned or previously served food served.
- 16:
- 17: Proper reheating of precooked chicken wings in house. Deep fried for several minutes until internal temperature is above 165
- 18: NO: no cooling observed during inspection
- 19: (NO) TCS food is not being held hot during inspection.
- 20: Good cold holding observed in equipment in kitchen.
- 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: No "no smoking" signs
- 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: DB's Restaurant

Establishment Number : 605259692

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

Establishment Information

Establishment Name: DB's Restaurant

Establishment Number #:	605259692
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Sources

Source Type:	Water
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Source: CPWS

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Additional Comments