

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

S	CO	R	F
•	v		_

O Farmer's Market Food Unit Cabin Coffee Remanent O Mobile Establishment Name Type of Establishment 1909 Shady Brook St. O Temporary O Seasonal Address Columbia Time in 08:41; AM AM/PM Time out 09:19; AM AM/PM City

06/02/2023 Establishment # 605310742 Embargoed 0 Inspection Date

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

Number of Seats 69 Risk Category 04 Follow-up Required O Yes 疑 No

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

itus (IH, OUT, HA, HO) for ea

- 12	N≃in c	ompli	ence		OUT=not in compliance NA=not applicable NO=not observ	red		CC	S=cor	recte	d on-si	it
					Compliance Status	COS	R	WT				Ξ
	IN	OUT	NA	NO	Supervisien					IN	оит	Ī
1	氮	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	H
	IN	OUT	NA	NO	Employee Health		_		17	ŏ	ŏ	t
2	TX.	0			Management and food employee awareness; reporting	0	0	$\overline{}$				t
3	×	0			Proper use of restriction and exclusion	0	0	5		IN	OUT	ı
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	Г
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	_	19	2	0	r
5	滋	0		0	No discharge from eyes, nose, and mouth	0	0	5	20	25	0	Г
	IN	OUT	NA	NO	Preventing Contamination by Hands				21	0	0	Г
6	巡	0		0	Hands clean and properly washed	0	0		22	0	0	Γ
7	鼷	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5		IN	OUT	ŀ
8	×	0			Handwashing sinks properly supplied and accessible	10	0	2		$\overline{}$	0	۲
	IN	OUT	NA	NO	Approved Source				23	0	1 4 1	
9	黨	0			Food obtained from approved source	0	0			IN	OUT	Π
10	0	0	0	×	Food received at proper temperature	0	0	1 1	- A	0	6	Г
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	24	o	١٠	L
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	оит	Ī
	IN	OUT	NA	NO	Protection from Contamination				25	0	0	Γ
13	黛	0	0		Food separated and protected	0	0	4	26	黨	0	Γ
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	٢
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	Γ

	Compliance Status						R	WT
	IN	оит	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	寒	Proper cooking time and temperatures	0	0	5
17	0	0	0	35	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	0	X	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	24	0	0		Proper cold holding temperatures	0	0	5
21	0	0	0	26	Proper date marking and disposition	0	0	
22	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	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25		0	-XX		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

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

L PRACTICES

		OUT=not in compliance COS=con	ected or	1-site	άu
		Compliance Status	cos		_
	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	<u> </u>
	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	
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	Ε.
40	0	Washing fruits and vegetables	0	0	Г
	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	Г
44	10	Gloves used properly	0	0	

pecti		R-repeat (violation of the same code provision Compliance Status	COS	R	W
	OUT	Utensils and Equipment	1		
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	
47	0	Nonfood-contact surfaces clean	0	0	-
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	- 7
50	0	Sewage and waste water properly disposed	0	0	- 2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	_
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	٠
53	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	٧
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 100	0	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

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 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. in ten (10) days of the date of th

SEAMAROK

06/02/2023

Date Signature of Smith Michael Hast

Drie

06/02/2023

\*\*\*\* 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. ) 9315601182 Please call ( to sign-up for a class.

RDA 629

Date

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



-crai	nirci	nnant	III 1	formation
Local	WIII OIL			omauon

Establishment Name: Cabin Coffee
Establishment Number #: |605310742

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.	Т
'No Smoking' signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	
Sarage 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.	$\top$
Smoking observed where smoking is prohibited by the Act.	+

Warewashing Info			
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenhelt)
3 comp sink (not set up) Sanitizer bucket	Quat Quat	400	

Equipment Temperature					
Description	Temperature ( Fahrenheit)				
RIC	34				
RIC2	37				
Prep cooler	37				
RIC3	34				

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Fried egg	Hot Holding	184
Italian meatball soup	Hot Holding	157
Sausage patty (prep)	Cold Holding	41

## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Cabin Coffee
Establishment Number: 605310742

#### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: IN
- 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 washing hands as needed
- 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 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: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 18: NO
- 19: See temps
- 20: See temps
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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:

## Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Cabin Coffee Establishment Number: 605310742	Establishment Information	
Comments/Other Observations (cont'd)  Additional Comments (cont'd)	Establishment Name: Cabin Coffee	
Additional Comments (cont'd)	Establishment Number: 605310742	
Additional Comments (cont'd)		
Additional Comments (cont'd)	Comments/Other Observations (cont'd)	
	Additional Comments (south)	
See last page for additional comments.		
	See last page for additional comments.	

Establishment Information							
	bin Coffee						
Establishment Number #:	605310742			Ti i			
Sources							
Source Type:	Food	Source:	IWC				
Source Type:	Water	Source:	City				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Additional Commen	ts						