

Risk Category

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Zaxby's # 66105 Remanent O Mobile Establishment Name Type of Establishment 8884 Old Lee Hwy O Temporary O Seasonal Address Ooltewah Time in 10:10 AM AM / PM Time out 10:40: AM AM / PM City 02/09/2022 Establishment # 605251933 Embargoed 0 Inspection Date Purpose of Inspection **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other

О3

Number of Seats 68

Follow-up Required

04

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| - 12 | 4=in c | ompli | ence                  |    | OUT=not in compliance NA=not applicable NO=not observ                                     | ed  |   | CC     | <b>)\$</b> =co       |
|------|--------|-------|-----------------------|----|---|-----|---|--------|----------------------|
|      |        |       |                       |    | Compliance Status   | COS | R | WT     |                      |
|      | IN     | OUT   | NA                    | NO | Supervisien   |     |   |        |                      |
| 1    | 邕      | 0     |                       |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5      | 16<br>17             |
|      | IN     | OUT   | NA NO Employee Health |    |   |     |   | 17     |                      |
| 2    | DK.    | 0     |                       |    | Management and food employee awareness; reporting   | 0   | 0 |        |                      |
| 3    | ×      | 0     |                       |    | Proper use of restriction and exclusion   | 0   | 0 | 5      |                      |
|      | IN     | OUT   | NA                    | NO | Good Hygienic Practices   |     |   |        | 18                   |
| 4    | X      | 0     |                       | 0  | Proper eating, tasting, drinking, or tobacco use  | 0   | 0 | 5      | 19                   |
| 5    | 滋      | 0     |                       | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 | l °    | 18<br>19<br>20<br>21 |
|      | IN     | OUT   | NA                    | NO | Preventing Contamination by Hands   |     |   |        | 21                   |
| 6    | 黨      | 0     |                       | 0  | Hands clean and properly washed   | 0   | 0 | $\Box$ | 22                   |
| 7    | 氮      | 0     | 0                     | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5      | -                    |
| 8    | 30     | 0     |                       |    | Handwashing sinks properly supplied and accessible  | 0   | 0 | 2      | 23                   |
|      | IN     | OUT   | NA                    | NO | Approved Source   |     |   |        | 23                   |
| 9    | 黨      | 0     |                       |    | Food obtained from approved source  | 0   | 0 | $\Box$ |                      |
| 10   | 0      | 0     | 0                     | ×  | Food received at proper temperature   | 0   | 0 |        | 24                   |
| 11   | ×      | 0     |                       |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5      | 24                   |
| 12   | 0      | 0     | ×                     | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |        |                      |
|      | IN     | OUT   | NA                    | NO | Protection from Contamination   |     |   |        | 25<br>26             |
| 13   | 黛      | 0     | 0                     |    | Food separated and protected  | 0   | 0 | 4      | 26                   |
| 14   | ×      | 0     | 0                     |    | Food-contact surfaces: cleaned and sanitized  | 0   | 0 | 5      |                      |
| 15   | ×      | 0     |                       |    | Proper disposition of unsafe food, returned food not re-<br>served                        | 0   | 0 | 2      | 27                   |

|    | Compliance Status   |     |    |     |   |   | R | WT |
|----|---|-----|----|-----|---|---|---|----|
|    | IN OUT 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  | 300 | Proper reheating procedures for hot holding                               | ō | 0 | ٠  |
|    | IN  | оит | NA | NO  | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control |   |   |    |
| 18 | 0   | 0   | 0  | ×   | Proper cooling time and temperature                                       | 0 | 0 |    |
| 19 | 0   | 0   | 0  | 文   | Proper hot holding temperatures   | 0 | 0 |    |
| 20 | 243   | 0   | 0  |     | Proper cold holding temperatures  | 0 | 0 | 5  |
| 21 | *   | 0   | 0  | 0   | 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<br>food                | 0 | 0 | 4  |
|    | IN  | OUT | NA | NO  | Highly Susceptible Populations  |   |   |    |
| 24 | 0   | 0   | M  |     | Pasteurized foods used; prohibited foods not offered                      | 0 | 0 | 5  |
|    | IN  | оит | NA | NO  | Chemicals   |   |   |    |
| 25 | 0   | 0   | X  |     | Food additives: approved and properly used                                | 0 | 0 | 5  |
| 26 | 80  | 0   |    |     | Toxic substances properly identified, stored, used                        | 0 | 0 | 9  |
|    | IN  | OUT | NA | NO  | Conformance with Approved Procedures                                      |   |   |    |
| 27 | 0   | 0   | ×  |     | Compliance with variance, specialized process, and<br>HACCP plan          | 0 | 0 | 5  |

O Yes 疑 No

#### duction of pathoge ns, chemicals, and physical objects into foods.

|          |     |  | GOO |   |   |  |
|----------|-----|--|-----|---|---|--|
|          |     | OUT=not in compliance COS=con  |     |   |   |  |
|          |     | cos  | R   | W |   |  |
|          | OUT |  |     |   |   |  |
| 28       |     | Pasteurized eggs used where required                                       | 0   | 0 | 1 |  |
| 29       |     | Water and ice from approved source   | 0   | 0 | 2 |  |
| 30       | 0   | Variance obtained for specialized processing methods                       | 0   | 0 | 1 |  |
|          | OUT | Food Temperature Control   |     |   |   |  |
| 31       | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | 2 |  |
| 32       | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | 1 |  |
| 33       | 0   | Approved thawing methods used  | 0   | 0 | 1 |  |
| 34       | 0   | Thermometers provided and accurate   | 0   | 0 | 1 |  |
|          | OUT | Food Identification  | 1   |   |   |  |
| 35       | 0   | Food properly labeled; original container; required records available      | 0   | 0 | 1 |  |
|          | OUT | Prevention of Food Contamination   |     |   |   |  |
| 36       | 0   | Insects, rodents, and animals not present                                  | 0   | 0 | 2 |  |
| 37       | 0   | Contamination prevented during food preparation, storage & display         | 0   | 0 | 1 |  |
| 38       | 0   | Personal cleanliness   | 0   | 0 | 1 |  |
| 39       | 0   | Wiping cloths; properly used and stored                                    | 0   | 0 | 1 |  |
| 40       | 0   | Washing fruits and vegetables  | 0   | 0 | 1 |  |
|          | OUT | Proper Use of Utensils   |     |   |   |  |
| 41       | 0   | In-use utensils; properly stored   | 0   | 0 | 1 |  |
|          | 1 6 | Utensils, equipment and linens; properly stored, dried, handled            | 0   | ō | 1 |  |
| 42       | 0   |  |     |   |   |  |
| 42<br>43 | 8   |  | 0   | 0 | 1 |  |

| pecti |     | R-repeat (violation of the same code provision)  Compliance Status                       | cos  | R  | W   |
|-------|-----|--|------|----|-----|
|       | OUT | Utensils and Equipment   | 1000 | -  |     |
| 45    | 0   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0    | 0  | 1   |
| 46    | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0    | 0  | 1   |
| 47    | 0   | Nonfood-contact surfaces clean   | 0    | 0  | 1   |
|       | OUT | Physical Facilities  |      |    |     |
| 48    | 0   | Hot and cold water available; adequate pressure  | 0    | 0  | 7   |
| 49    | 0   | Plumbing installed; proper backflow devices  | 0    | 0  | - 2 |
| 50    | 0   | Sewage and waste water properly disposed   | 0    | 0  | - 2 |
| 51    | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0    | 0  | 1   |
| 52    | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0    | 0  | 1   |
| 53    | 0   | Physical facilities installed, maintained, and clean                                     | 0    | 0  | 1   |
| 54    | 0   | Adequate ventilation and lighting; designated areas used                                 | 0    | 0  | 1   |
|       | OUT | Administrative Items   | Т    |    |     |
| 55    | 0   | Current permit posted  | 0    | 0  | Γ,  |
| 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  | ١.  |
| 59    |     | If tobacco products are sold, NSPA survey completed                                      | 0    | 0  |     |

st recent inspection report in a conspicuous manner. You have the right to request a hearing regardi 8-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of the

Signature of Person In Charge

1e

02/09/2022 Date Signature of Environmental Health Specialist 02/09/2022 Date

\*\*\*\* 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.

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



#### Establishment Information

Establishment Name: Zaxby's # 66105
Establishment Number #: 605251933

| 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 inflitrating into areas where smoking is prohibited.   | $\vdash$ |
| Smoking observed where smoking is prohibited by the Act.  | $\vdash$ |

| Warewashing Info |                |     |                           |  |  |  |  |  |
|------------------|----------------|-----|---------------------------|--|--|--|--|--|
| Machine Name     | Sanitizer Type | PPM | Temperature ( Fahrenheit) |  |  |  |  |  |
| Triple sink      | QA             | 200 |                           |  |  |  |  |  |

| Equipment Temperature           |    |  |  |  |  |  |
|---------------------------------|----|--|--|--|--|--|
| Description Temperature ( Fahre |    |  |  |  |  |  |
| Walk in cooler                  | 37 |  |  |  |  |  |
| Reach in cooler prep area       | 39 |  |  |  |  |  |
| Prep area underneath cooler     | 39 |  |  |  |  |  |
|                                 |    |  |  |  |  |  |

| Food Temperature                  |               | I= 1                    |
|-----------------------------------|---------------|-------------------------|
| Description                       | State of Food | Temperature (Fahrenheit |
| Raw chicken (walk in cooler)      | Cold Holding  | 37                      |
| Raw chicken (drawer)              | Cold Holding  | 37                      |
| Raw chicken (batter station)      | Cold Holding  | 37                      |
| Cut cucumbers (reach in)          | Cold Holding  | 37                      |
| Cut tomatoes (reach in)           | Cold Holding  | 37                      |
| Cut tomatoes (walk in cooler)     | Cold Holding  | 38                      |
| Cut leafy greens (walk in cooler) | Cold Holding  | 40                      |
|                                   |               |                         |
|                                   |               |                         |
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# TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Zaxby's # 66105 Establishment Number: 605251933

### Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: (IN): An employee health policy is available.
- 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: Good handwashing observed.
- 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: Food from approved sources.
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See temperatures.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 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.

| stablishment Name: Zaxby's # 66105<br>stablishment Number: 605251933 |  |
|--|--|
| Comments/Other Observations (cont'd)                                 |  |
| omments/Other Observations (cont u)                                  |  |
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| Additional Comments (cont'd)   |  |
| See last page for additional comments.                               |  |
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Establishment Information

| Establishment Inform    |                |         |        |  |
|-------------------------|----------------|---------|--------|--|
| Establishment Name: Za  | axby's # 66105 |         |        |  |
| Establishment Number #: | 605251933      |         |        |  |
|                         |                |         |        |  |
| Sources                 |                |         |        |  |
| Source Type:            | Water          | Source: | Public |  |
| Source Type:            | Food           | Source: | PFG    |  |
| Source Type:            |                | Source: |        |  |
| Source Type:            |                | Source: |        |  |
| Source Type:            |                | Source: |        |  |
| <br>  Additional Comme  | nts            |         |        |  |
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