



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name Cabin Coffee Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
 Address 1909 Shady Brook St. ☐ Temporary ☐ Seasonal
 City Columbia Time in 09:49 AM AM / PM Time out 10:27 AM AM / PM
 Inspection Date 06/16/2022 Establishment # 605310742 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 69

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	☒	☐			Person in charge present, demonstrates knowledge, and performs duties					☐	☐																		
	IN	OUT	NA	NO	Employee Health																								
2	☒	☐			Management and food employee awareness, reporting					☐	☐																		
3	☒	☐			Proper use of restriction and exclusion					☐	☐																		
	IN	OUT	NA	NO	Good Hygienic Practices																								
4	☒	☐			☐	Proper eating, tasting, drinking, or tobacco use				☐	☐																		
5	☒	☐			☐	No discharge from eyes, nose, and mouth				☐	☐																		
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	☒	☐			☐	Hands clean and properly washed				☐	☐																		
7	☒	☐	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					☐	☐																		
8	☒	☐			Handwashing sinks properly supplied and accessible					☐	☐																		
	IN	OUT	NA	NO	Approved Source																								
9	☒	☐			Food obtained from approved source					☐	☐																		
10	☐	☐	☐	☒	Food received at proper temperature					☐	☐																		
11	☒	☐			Food in good condition, safe, and unadulterated					☐	☐																		
12	☐	☐	☒	☐	Required records available: shell stock tags, parasite destruction					☐	☐																		
	IN	OUT	NA	NO	Protection from Contamination																								
13	☒	☐	☐		Food separated and protected					☐	☐																		
14	☒	☐	☐		Food-contact surfaces: cleaned and sanitized					☐	☐																		
15	☒	☐			Proper disposition of unsafe food, returned food not re-served					☐	☐																		

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

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	Compliance Status					COS	R	WT
	OUT	Safe Food and Water							OUT	Utensils and Equipment					
28	☐	Pasteurized eggs used where required			☐	☐	1	45	☐	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			☐	☐	1
29	☐	Water and ice from approved source			☐	☐	2	46	☐	Warewashing facilities, installed, maintained, used, test strips			☐	☐	1
30	☐	Variance obtained for specialized processing methods			☐	☐	1	47	☐	Nonfood-contact surfaces clean			☐	☐	1
	OUT	Food Temperature Control							OUT	Physical Facilities					
31	☐	Proper cooling methods used; adequate equipment for temperature control			☐	☐	2	48	☐	Hot and cold water available; adequate pressure			☐	☐	2
32	☐	Plant food properly cooked for hot holding			☐	☐	1	49	☐	Plumbing installed; proper backflow devices			☐	☐	2
33	☐	Approved thawing methods used			☐	☐	1	50	☐	Sewage and waste water properly disposed			☐	☐	2
34	☐	Thermometers provided and accurate			☐	☐	1	51	☐	Toilet facilities: properly constructed, supplied, cleaned			☐	☐	1
	OUT	Food Identification						52	☐	Garbage/refuse properly disposed; facilities maintained			☐	☐	1
35	☐	Food properly labeled; original container; required records available			☐	☐	1	53	☐	Physical facilities installed, maintained, and clean			☐	☐	1
	OUT	Prevention of Food Contamination						54	☐	Adequate ventilation and lighting; designated areas used			☐	☐	1
36	☐	Insects, rodents, and animals not present			☐	☐	2		OUT	Administrative Items					
37	☐	Contamination prevented during food preparation, storage & display			☐	☐	1	55	☐	Current permit posted			☐	☐	0
38	☐	Personal cleanliness			☐	☐	1	56	☐	Most recent inspection posted			☐	☐	0
39	☐	Wiping cloths: properly used and stored			☐	☐	1	Compliance Status					YES	NO	WT
40	☐	Washing fruits and vegetables			☐	☐	1	Non-Smokers Protection Act							
	OUT	Proper Use of Utensils						57		Compliance with TN Non-Smoker Protection Act			☒	☐	0
41	☐	In-use utensils; properly stored			☐	☐	1	58		Tobacco products offered for sale			☐	☐	0
42	☐	Utensils, equipment and linens; properly stored, dried, handled			☐	☐	1	59		If tobacco products are sold, NSPA survey completed			☐	☐	0
43	☐	Single-use/single-service articles; properly stored, used			☐	☐	1								
44	☐	Gloves used properly			☐	☐	1								

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 06/16/2022 Signature of Environmental Health Specialist [Signature] Date 06/16/2022

**** 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**



Establishment Information	
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.	
"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 (Fahrenheit)
3 comp sink	Quat	400	

Equipment Temperature	
Description	Temperature (Fahrenheit)
RIC	35
Prep cooler	36
RIC2	36
RIC3	35

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Baja chicken soup	Hot Holding	190
Sausage patty	Hot Holding	180
Chicken salad (Prep)	Cold Holding	38
Grilled chicken (WIC)	Cold Holding	37

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): 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: 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: (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: See temps
- 20: See 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: Cabin Coffee

Establishment Number : 605310742

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

See last page for additional comments.

Establishment Name:	Cabin Coffee
Establishment Number #:	605310742

Establishment Number #:	605310742
-------------------------	-----------

Source Type:	Food	Source:	Martin Brothers
Source Type:	Water	Source:	City
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Source: Martin Brothers

Source:	City
---------	------

Source:

Source:

Source: