TENNESSEE DEPARTMENT OF HEALTH TARI ISHMENT INSPEC

			FOOD SERVICE ESTABLISHMENT INSPECTION REPORT								SCORE									
Establishment Name			Nor		Kays Kastle									9						
		ii tayta	s raar																	
	ress				Soddy Dais			03)·1							O Temporary O Seasonal				
City						, ,			5.L			-			me ou	и <u>04:00</u> : <u>PM</u> АМ/РМ				
Insp	ectio	n Da	rte		01/03/20	24 Establishment #	60524296	4		-	Emba	irgoe	d 0							
Ρυη	pose	of In	spect	tion	Routine	O Follow-up	O Complaint			O Pr	elimin	ary		0	Cor	nsultation/Other				
Risi	Cat	egon	y		01	3 22	O 3			O 4				Fo	low-	up Required 🕱 Yes O No	Number of S	eats	48	
		R	isk I													to the Centers for Disease Contr control measures to prevent illne	ol and Prevent	lion		
					ontribeting rac											INTERVENTIONS	as of injury.			
		(11	rk de	algna	ted compliance stat											ach liem an applicable. Deduct points for c	ategory or subcate	gory.)		
IN	⊨in ci	ompili	ance			nce NA=not applicable	NO=not observe		R)S=co	recte	d on-s	ite duri	ng ins	pection R=repeat (violation of the Compliance Status			R	WT
h	IN	OUT	NA	NO		Supervision		000	- 1		h	IN	0117	NA	NO	Cooking and Reheating of Time/T		000	~ 1	
1	8	0		_		present, demonstrates k	nowledge, and	0	0	5						Control For Safety (TCS) F	oods			
H			NA	NO	performs duties	Employee Health		-		-	16	00	00	80	*	Proper cooking time and temperatures Proper reheating procedures for hot holdi	ng	00	읭	5
	X					food employee awarene	ss; reporting		2	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking				
3	8	0	NA	NO	,	riction and exclusion od Hygionic Practice		0	0	_	12	0	0	0	14	a Public Health Centre Proper cooling time and temperature	4	0		
4	20	0	nen	_		ting, drinking, or tobacco		0	0		19	义	0	0	õ	Proper hot holding temperatures		0	0	
5	XX IN	<u>0</u>	NA	-		n eyes, nose, and mouth ing Contamination by	/ Hands	0	0	-	20	0	X	8		Proper cold holding temperatures Proper date marking and disposition		8	8	5
6	1	0	10-1		Hands clean and	properly washed		0	0			0	ŏ	×	-	Time as a public health control: procedure	es and records	ŏ	ŏ	
7	鬣	0	0	0	No bare hand con alternate procedu	tact with ready-to-eat for res followed	ds or approved	0	0	5	-	IN	OUT	NA		Consumer Advisory	10 0110 1000100		-	
8	×	<u></u>	NA	-		s properly supplied and Approved Source	accessible	0	0	2	23	0	0	12		Consumer advisory provided for raw and food	undercooked	0	0	4
9	嵩	0				m approved source			0			IN	OUT		NO	Highly Susceptible Popula	tions			
10	0 ※	0	0	×		proper temperature dition, safe, and unadulte	rated	8	00	5	24	0	0	83		Pasteurized foods used; prohibited foods	not offered	0	0	5
12	õ	ŏ	×	0	Required records	available: shell stock tag		ŏ	ŏ	Ť		IN	OUT	NA	NO	Chemicais				
H	IN	OUT	NA	-	destruction Prote	ction from Contamin	ation	-		_	25	0	0	X		Food additives: approved and properly us	ed		তা	
13	<u> </u>	0	8		Food separated a				0		26	黛	0			Toxic substances properly identified, stor		0	0	•
	_	0	0			aces: cleaned and saniti of unsafe food, returned		0	0 0		1 27	IN O		NA	NO	Conformance with Approved Pr Compliance with variance, specialized pr		0	0	5
15	黛	0			served			0	0	2	27	0	0	8		HACCP plan		•	9	0
				Goo	d Retail Practi	ces are preventive r	neasures to co	ntro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects	into foods.			
								GOO	D R	ar/A	L PR	АСТ	1CE	8						
				00	T=not in compliance	pliance Status	COS=corre		n-site R		inspe	ction				R-repeat (violation of the sam Compliance Status		cos	PI	WT
		OUT				Food and Water			<u> </u>			0	UT			Utensils and Equipment		000	~ 1	
	8				d eggs used when lice from approved				8		4	5 8				nfood-contact surfaces cleanable, properl and used	y designed,	0	0	1
	0	0			obtained for special	lized processing method	\$	ŏ	ŏ	ĩ	4	6 (-			g facilities, installed, maintained, used, tes	at strips	0	0	1
	_	OUT	Prop	er co		mperature Control f; adequate equipment for	or temperature	-		-	4	_	_			tact surfaces clean		0	0	1
	1	0	contr	rol				0	0	2			UT			Physical Facilities				
3	2				properly cooked for thawing methods u			8	8	1	4	_		Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices			8	윙	2	
	4	0	<u> </u>		eters provided and	accurate		Ō	0	1	5	0 (o s	iewage	and	waste water properly disposed		0	0	2
	_	OUT	-			didentification					5	_	_			s: properly constructed, supplied, cleaned			0	1
3	5		Food	1 prop		al container; required rec		0	0	1	5		-	-		use properly disposed; facilities maintained	3	2	0	1
3	6	OUT	Inser	ts re	dents, and animals	of Food Contamination	in	0	0	2	5	_				ities installed, maintained, and clean ntilation and lighting; designated areas us	ed	0	0	1
⊢	-	-						-	+++	_	F	+	-		10 40			-	-	
			nation prevented during food preparation, storage & display		0	0	1			Administrative Items			- 1	-						
_	8 9	-	-		leanliness ths; properly used	and stored		0	0	1	5					nit posted inspection posted		8	0	0
40 O Washing fru		ruits and vegetable	15			ŏ		Ľ	_				Compliance Status		YES		WT			
OUT Proper Use of Utensils O In-use utensils; properly stored				0	0	1	5	7	- 0	Somplis	ance	Non-Smokers Protection A with TN Non-Smoker Protection Act	et	25	01					
42 O Utensils, equipment and linens; properly stored, dried, handled O O 1 58 Tobacco products offered for s						0	0	0												
					ed properly	cres, property stored, us	00		8		X	7	1	10080	co pr	outures are solid, real-re-survey completed		0	01	
																Repeated violation of an identical risk factor				
man	ner ar	nd po	st the	most	recent inspection rep	ort in a conspicuous mann	er. You have the ric	the to r	eques							e. You are required to post the food service en iling a written request with the Commissioner				
repo	ort. T.C.A. sections (8-14-70) #14-706, #14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.																			

S Signature of Person In Charge

ł Date Signature of Environmental Health Specialist

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01/03/2024

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

PH-2267 (Rev. 6-15)	Free food safety training cla	sses are available each mor	nth at the county health department	RDA 629
Pi-2207 (Rev. 6-10)	Please call () 4232098110	to sign-up for a class.	NDH 023

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Kays Kastle Establishment Number #: 605242964

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.	
	<u> </u>

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
Three comp sink	Chlorine	100						

Temperature (Fahrenheit)
41
52

Food Temperature	od Temperature			
Description	State of Food	Temperature (Fahrenheit		
Hot dog	Hot Holding	137		
Chili	Hot Holding	136		

Observed Vi	iolations
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Total # 2

Repeated # ()

20: One door refrigerator in front of house is holding at 52F with cut tomato and pre cooked hamburger at 52F. Hamburger was discarded and tomato sliced less than four hours ago was placed in alternate unit. Repair or replace unit so it maintains TCS food cold at 41F or below.

45: Discontine using knife block in kitchen. Knife block is not cleanable (for use in domestic kitchen)

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Establishment Number : 605242964

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN) Employees are aware of the symptoms on the illness policy.

- 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: (IN) Observed proper handwashing by employees.

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: (IN) Food obtained from approved 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: No raw animal products in facility
- 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 cooling of TCS foods observed during inspection
- 19: (IN) Hot holding temperatures are held at 135F or above
- 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.

Establishment Information

Establishment Name: Kays Kastle

Establishment Number: 605242964

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

Establishment Information

Establishment Name: Kays Kastle

Establishment Number #: 605242964

Sources			
Source Type:	Food	Source:	Sams, mpm, bluebell
Source Type:	Water	Source:	Water is from approved source
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Additional Commen	nts		

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