TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| Ş | 1000 | 744 | T. S. S. | | | | | | | | | | | | | O Fermer's Market Food | | | | |
|------------------------------|---------------|------------------|-----------------|----------------|--|--|---|---------------------|-----------------|------|------------------|--------|----------|------------|--------|--|---|-----------|--------|--------|
| Esta | blis | hmen | t Nar | | Koch's Ba | - | | | | | | Тур | xe of E | Establi | shme | E Parmanant OMa | | | | |
| Address 1900 South Broad St. | | | | | | _ | | | | | O Temporary O Se | | | | | | | | | |
| City | | | | | Chattanoc | <u> </u> | | | .:1 | | | | | | me ou | at <u>11:30</u> : <u>AM</u> A | M/PM | | | |
| Insp | ecti | on Da | rte | | 07/14/2 | 021 Establishme | nt# 60505153 | 5 | | - | Emb | argoe | d 2 | 20 | | | | | | |
| Pun | 0054 | of In | spec | tion | O Routine | ə Follow-up | O Complaint | | | O Pr | elimir | nary | | 0 | Cor | nsultation/Other | | | | |
| Risi | Ca | tegor | | Facto | 01 | <u>312</u> 2 | O 3 | hake | | 04 | - | 0.000 | ann | | | up Required O Yes to the Centers for Dise | 觐 No Number of : | | 6 | |
| | | | | | | | | | | | | | | | | control measures to pre | | | | |
| | | (11) | ırk de | algasi | of compliance s | | ORNE ILLNESS Ri for each numbered item | | | | | | | | | INTERVENTIONS ach liom as applicable. Deduc | t points for category or subcat | egory. | , | |
| IN | ⊧in c | ompii | | | OUT=not in comp | siance NA=not applica | | ed | | c | | | | | | pection R=repeat (v | iolation of the same code provis | ion) | | |
| | IN | OUT | NA | NO | Co | Supervision | | cos | R | WT | H | IN | оит | NA | NO | Compliance Stat Cooking and Reheating | us g of Time/Temperature | COS | R | WT |
| 1 | 鬣 | 0 | | | | e present, demonstrat | tes knowledge, and | 0 | 0 | 5 | 46 | | 001 | NA | | Control For Safe Proper cooking time and tem | ety (TCS) Foods | | | |
| | IN | OUT | NA | NO | performs duties | Employee Healt | | | | _ | | 0 | | Ŕ | | Proper reheating procedures | | 00 | ő | 5 |
| _ | 風覚 | 0 0 | | | | nd food employee awar estriction and exclusion | | 0 | 0 | 5 | | IN | ουτ | NA | NO | Cooling and Holding, De a Public He | te Marking, and Time as aith Control | | | |
| | IN | OUT | NA | NO | | Good Hygienic Prac | | | | | | 0 | 0 | × | - | Proper cooling time and temp | perature | 0 | 0 | _ |
| 4 | 澎 | 0 | | 0 | No discharge fr | asting, drinking, or tobe om eyes, nose, and mo | outh | 0 | 0 | 5 | | 25 | 0 | <u>2</u> 0 | | Proper hot holding temperature Proper cold holding temperation | tures | 00 | 0 | 5 |
| 6 | IN 送 | | NA | | Preve Hands clean an | nting Contaminatio d properly washed | n by Hands | 0 | 0 | _ | | 0 | | | | Proper date marking and dis | | | 0 | Ť |
| 7 | 83 | | 0 | 0 | | ontact with ready-to-ea | at foods or approved | 0 | 0 | 5 | 22 | 2 0 | O TUO | NA | - | Time as a public health contr Consumer | | 0 | 0 | |
| | | 0 | NA | NO | | Approved Source | | 0 | 0 | 2 | 23 | _ | 0 | 12 | | Consumer advisory provided food | | 0 | 0 | 4 |
| 9 | 黨 | 0 | | | | from approved source at proper temperature | | 0 | 8 | | | IN | ουτ | | NO | Highly Suscepti | ble Populations | | | |
| 11 | × | ŏ | | | Food in good co | ondition, safe, and unac | | X | 0 | 5 | 24 | 0 | <u> </u> | × | | Pasteurized foods used; prof | hibited foods not offered | 0 | 0 | 5 |
| 12 | 0 | 0 | X | 0 | destruction | ds available: shell stock | | 0 | 0 | | | IN | OUT | | | | nicals | | | |
| 13 | X | 0 | 0 | NO | Food separated | tection from Contain and protected | mination | 0 | 0 | 4 | 25 26 | 0 | 0 | | | Food additives: approved an Toxic substances properly id | entified, stored, used | 0 | 0 | 5 |
| _ | _ | 0 | 0 |] | | urfaces: cleaned and sa on of unsafe food, retu | | 0 | 0 | 5 | | - | - | NA | NO | Conformance with A Compliance with variance, sp | pproved Procedures | | | |
| 15 | X | 0 | | | served | an or ansare rood, rea | | 0 | 0 | 2 | 27 | 0 | 0 | 黨 | | HACCP plan | permited process, and | 0 | 0 | 5 |
| | | | | Goo | d Retail Prac | tices are preventi- | ve measures to co | ontro | l the | intr | odue | ction | of p | atho | gens | , chemicals, and physic | al objects into foods. | | | |
| | | | | | | | | GOO | | | | | | 8 | | | | | | |
| | | | _ | 00 | | mpliance Status | COS=corre | | R | | | | | | | Compliance St | | COS | R | WT |
| 2 | 8 | | Past | | d eggs used wh | | | 0 | 0 | 1 | L | | UT F | ood ar | nd no | Utensils and Equi nfood-contact surfaces clean | | 0 | 0 | 1 |
| | 9 0 | | | | ice from approv obtained for spec | ved source cialized processing met | thods | 8 | 0 | 2 | \vdash | + | 0 | | | and used | ad used test string | | | |
| | | OUT | Prop | er co | | Temperature Contro red; adequate equipme | | 1 | | _ | | | _ | | | g facilities, installed, maintain itact surfaces clean | ed, used, test strips | 0 | 0 | 1 |
| 3 | | 0 | cont | lon | - | | and for demperature | 0 | 0 | 2 | | 0 | UT | | | Physical Facilit | | | | |
| 3 | _ | | | | properly cooked thawing method | | | 0 | Ō | 1 | | _ | - | | | water available; adequate pr stalled; proper backflow device | | | 0 | 2 |
| 3 | 4 | O OUT | | mome | eters provided an | nd accurate | | 0 | 0 | 1 | | _ | - | | | waste water properly dispose is: properly constructed, supp | | | 0 | 2 |
| 3 | 5 | 0 | Food | i prop | erly labeled; orig | ginal container; required | d records available | 0 | 0 | 1 | - | _ | _ | | | use properly disposed; facilitie | | 0 | 0 | 1 |
| | | OUT | | | | n of Feed Contamin | ation | | | | | | | | | lities installed, maintained, an | | 0 | 0 | 1 |
| 3 | - | | | | dents, and anim | , | | • | 0 | 2 | 15 | - | - | vdequa | de ve | ntilation and lighting; designa | | 0 | 0 | 1 |
| 3 | | | | | | during food preparation | n, storage & display | 0 | 0 | 1 | | _ | UT | | | Administrative in | tems | | | |
| 3 | _ | | - | | leanliness ths; properly use | ed and stored | | 0 | | | | | | | | nit posted inspection posted | | 0 | 0 | 0 |
| 4 | 0 | 0 OUT | _ | hing f | ruits and vegetal Proj | bies per Use of Utensils | | 0 | 0 | 1 | F | _ | | | | Compliance Sta Non-Smokers P | | YES | NO | WT |
| 4 | 1 2 | 0 | In-us | | nsils; properly st | | | 8 | 8 | 1 | | 7 8 | | | | with TN Non-Smoker Protect ducts offered for sale | | 8 | 8 | 0 |
| - 4 | 34 | 0 | Sing | le-use | | articles; properly stored | | 0 | ĕ | 1 | | š | | | | oducts are sold, NSPA surve | y completed | ŏ | | Ť |
| _ | - | | | | | r items within ten (10) dr | ave may result in susper | | | | servic | | ablish | ment pe | ermit. | Repeated violation of an identic | al risk factor may result in revo | cation | of you | r food |
| man | ce e her a | stablis nd po | shmer st the | t perm most | nit. Items identified recent inspection | d as constituting imminer report in a conspicuous r | nt health hazards shall b manner. You have the rig | e corre pht to r | cted i eques | mmed | iately | or op | eration | ns shall | cease | e. You are required to post the filling a written request with the C | ood service establishment perm | it in a c | conspi | icuous |
| | | .C.A. | sectio | | | 68-14-708, 68-14-709, 68-1 | 14-711, 68-14-715, 68-14-7 | 16, 4-5 | -320. | | _ | - | - | | | | | | | |
| | 1⁄ | 20 | | 5 | 16/2 | 5 | 07/2 | L4/2 | - | | - | | | | | : Elh | | 07/1 | .4/2 | |
| Sigi | natu | re of | Pers | ion In | Charge . | Additional fand a | afah: information of | hef | | Date | | | | | | ental Health Specialist | | | | Date |
| D4 4 4 | 10.0- | (P- | | | | | P | | | | | | | | | ealth/article/eh-foodservik inty health department. | | | | |
| rttig | 201 | (roev. | 6-15) | 1 | | | ease call (| | | | | | | | | | | | R | XA 629 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Koch's Bakery Establishment Number #: 605051535

| Warewashing Info | | | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | | | |
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| Equipment Temperature | | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | | | |
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| escription | State of Food | Temperature (Fahrenheit |
|------------|---------------|--------------------------|
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| Observed Violations | |
|---|--|
| Total # 7 | |
| Repeated # 0 | |
| 36: | |
| 37: | |
| 39: | |
| 45: | |
| 47: | |
| 53: | |
| 54: | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Koch's Bakery Establishment Number : 605051535

| Comments/Other Observations | | |
|---|--|--|
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| D: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9 | | |
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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: Koch's Bakery

Establishment Number : 605051535

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Koch's Bakery Establishment Number #. 605051535

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |
| | | |

Additional Comments

Priority item # 11 corrected. See original report dated 7/14/21.