TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Establishment Name		Baskin Robbins							Type of Establishment O Fermer's Market Food Unit O Mobile												
Address			2100 Hamilton Place Blvd Suite 301 O Temporary O Seasonal																		
City		Chattanooga Time in 12:00 PM AM / PM Time out 12:30 PM AM / PM																			
	Inspection Date 05/31/2023 Establishment # 60																				
	respection Date 05/31/2023 Establishment # 605150658 Embargoed 0 Purpose of Inspection WRoutine 0 Follow-up 0 Complaint 0 Preliminary 0 Consultation/Other																				
Risk	Cat	egor	y		01	322	03			04				Fo	ollow-	up Required O Yes	遐 No	Number of S	eats	0	
		R	isk													to the Centers for Disc control measures to pr		and Prevent			
								_						_	_	INTERVENTIONS		or ngary.			
18.6	(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)																				
_	_	_	_	_		lance Status	NO-not coserve	cos	R		Ĩ	1	u on-s	ane gun	ng ins	Compliance Sta	tus		COS	R	WT
\rightarrow	_	-	NA	NO	Person in charge on	Supervision esent, demonstrates kr	owledge and					IN	ουτ	NA	NO	Cooking and Reheatin Control For Saf	-				
	黨 IN	O OUT	NA	NO	performs duties	Employee Health	iomeoge, and	0	0	5	16 17	0	8	Š		Proper cooking time and tem Proper reheating procedures			00	8	5
2	X	0		1.10	Management and fo	od employee awarene	ss; reporting		0	5	Ë	IN		NA		Cooling and Holding, De	te Marking, a	nd Time as		-	
-	窝 IN	O OUT	NA	NO	Proper use of restric	tion and exclusion I Hygienic Practice		0	0	-	18	0	0	XX	0	a Public He Proper cooling time and tem	aith Control		0	0	
4	1	0		0		g. drinking, or tobacco yes, nose, and mouth	use	0	0	5	19	0	0	8	_	Proper hot holding temperate Proper cold holding temperate	ures		0	0	
	IN	our	NA	NO	Preventin	g Contamination by	Hands				21	122			0	Proper date marking and dis			ŏ	ŏ	5
	<u>演</u> 0	10	0	6		ct with ready-to-eat foo	ds or approved	0	0 0	5	22	0	0	×	-	Time as a public health cont		and records	0	0	
8	0	23				properly supplied and a	accessible		0	2	23		OUT	NA	NO	Consumer advisory provided	r Advisory I for raw and un	dercooked	0	0	4
9	2	0		NO	Food obtained from				0			IN	OUT		NO	food Highly Suscept	ble Populatio	nə		_	
10 11			0		Food received at pro Food in good condition	oper temperature on, safe, and unadulte	rated	00	0	5	24	0	0	×		Pasteurized foods used; pro	hibited foods not	offered	0	0	5
	0	0	X	0	destruction	ailable: shell stock tag	s, parasite	0	0			IN	OUT			Cher	nicais				
13				NO	Protect Food separated and	ion from Contamina protected	ition	0	0	4	25 26	0	8	X	J	Food additives: approved an Toxic substances properly id	<u> </u>		00	0	5
14	×	0	0	1		es: cleaned and sanitiz f unsafe food, returned		0	0	5		IN	OUT	NA	10000	Conformance with A Compliance with variance, s	pproved Proc	edures		_	
15	2	0			served	runsale lood, returned	loog not re-	0	0	2	27	0	0	8		HACCP plan	pecialized proce	55, di U	0	0	5
				Goo	d Retail Practice	s are preventive n	neasures to co	ntro	l the	intr	oduc	ction	of p	atho	gens	, chemicals, and physic	al objects in	to foods.			
								GOO						3							
			_	00		iance Status	COS=corre		R							Compliance St			COS	R	WT
21	3	OUT O	Past	leurize	ed eggs used where r	equired			0		4					Utensils and Equi infood-contact surfaces clean		esigned,	0	0	1
21	_	_				ed processing methods	1	8	0	2	\vdash	+	- 0			and used g facilities, installed, maintain	ad used test s	rine	0	0	
		OUT	_	er co		perature Control adequate equipment fo	r temperature						_			tact surfaces clean	eu, useu, test s	nto .	0	0	1
3		0	cont	rol				0	0	2		_	NUT	1.1.0.00	e oold	Physical Facili					
3:	3	0	Appr	roved	properly cooked for I thawing methods use	ю		0	0	1	4	9	Õ P	Numbir	ng ins	i water available; adequate pr stalled; proper backflow devic	65			0	2
34		0 OUT		mom	eters provided and ac Food I	curate		0	0	1			-			waste water properly disposites: properly constructed, support			0	0	2
3	5	0	Food	d prop	erly labeled; original	container; required rec	ords available	0	0	1	5	2	0	Sarbag	e/refi	use properly disposed; facilitie	as maintained		0	0	1
	-	OUT				Food Contaminatio	n	-			-	-	-			ilities installed, maintained, an			_	0	1
30		-			dents, and animals n			0	0	2	L ⁵	-	-	vdequa	ste ve	entilation and lighting; designa			0	0	1
3	_					g food preparation, sto	rage & display	0	0	1			NT			Administrative I	tems		0		
3)	Ó	Wipi	ng cic	cleanliness ths; properly used ar	id stored			0			_	-		-	nit posted inspection posted	-			0	0
4		O OUT	_	hing f	ruits and vegetables Proper I	Use of Utensils		0	0	1	H					Compliance Sta Non-Smokers P			YES	NO	WT
4	_				nsils; properly stored	properly stored, dried,	bandled		00			7 8				with TN Non-Smoker Protect ducts offered for sale	ion Act		X	읭	0
4	3	0	Sing	ie-use		es; properly stored, use		0	0	1		9				oducts are sold, NSPA surve	y completed		ŏ	ŏ	Ť
			-			ns within ten (10) days m	ay result in suspen				servic	ce est	ablish	ment pe	ermit.	Repeated violation of an identi-	al risk factor may	result in revoc	ation	of you	r food
servi	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 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. 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 \$715-703, 68-14-706, 68-14-708, 68-14-716, 68-14-716, 4-5-329.																				
repor	L T.	1	9	A	15 703, 68-14-706, 68-14	-708, 68-14-709, 68-14-711				-					/				. –		
05/31/2023 <u>75</u> 05/31/20																					
Signature of Person In Charge Date Signature of Environmental Health Specialist Date **** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****																					
PH 2	267	Rev	6-15			,		s are	ava	ilable	eac	:h m			·	inty health department.				80	A 629
1192	201	wer.	- 10)	r		Please	call () 42	232	2098	311	0		to sig	gn-u	p for a class.				RU	~ 023

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Baskin Robbins Establishment Number #: 605150658

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)							
Triple sink	Chlorine	100								

Equipment l'emperature							
Description	Temperature (Fahrenheit)						
	· · · · · · · · · · · · · · · · · · ·						

Food Temperature							
Description	State of Food	Temperature (Fahrenheit)					
Dairy #1	Cold Holding	40					
Dairy #2	Cold Holding	40					

Observed Violations

Total # 3

Repeated # ()

7: Barehand contact with sugar cones. Use gloves when handling ready-to-eat foods.

8: Both hand sinks without hand soap. Keep all hand sinks properly stocked.

37: Boxes of food stored on floor of walk in freezer. Must be at least 6 inches off of floor.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Number : 605150658

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: Proper handwashing observed.

9: 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: (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: (NA) No TCS foods reheated for hot holding.

18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.

- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Proper cold holding temperatures observed.
- 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: Baskin Robbins

Establishment Number : 605150658

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Baskin Robbins Establishment Number # 605150658

SourcesSource Type:WaterSource:PublicSource Type:FoodSource:WalmartSource Type:Source:Source:Source Type:Source:Source:Source Type:Source:Source:

Additional Comments