TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Krystal CHNF07
Establishment Name 6300 Ringgold Rd

Type of Establishment
O Fermer's Market Food Unť \& Permanent OMobile - Temporary O Seasonal Chattanooga

Time in 02:30 PM AM/PM Timeout 03:00: PM AM/PM City 02/26/2024 Establishment I 605261601 Embargoed 2

Inspection Date ORoutine罜Folowup

OComplaint O Preilminary - Consultation/Other Purpose of inspection 01




 as contributing factors in foodborne iliness outbreaks. Public Health Interventions are control measures to prevent iliness or injury.


Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| GOOD RETAIL PRACTICES |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| OUI mintin cmplance |  |  | ced |  |  | R -repeat (vicision of fie same cose provision) |  |  |  |  |  |
|  |  |  | Cos $\mathrm{R}^{\text {R }}$ WT |  |  | Compliance Status |  |  | Cos\|l|l| R WT |  |  |
| OUT Safe Foed and Water |  |  |  |  |  | OUT Utensils and Equipment |  |  |  |  |  |
| 28 | 0 | Pasteunzed eggs used where required | 0 | O | 1 | 45 | 0 |  | 0 | 0 | 1 |
| 29 | 0 | Water and ice from approved soutce | 0 | 0 | 2 | 45 | 0 | constructed, and used |  |  |  |
| 30 | 0 | Varance obtained for specialized processing methods | 0 | 0 | 1 | 46 | 0 | Warewashing facilites, instaled, maintained, used, test strips | 0 | 0 | 1 |
| OUT Foed Tomperature Control |  |  |  |  |  |  | 0 | Warewashing factilses, instaled, maintained, used, test strips | 0 | O | 1 |
| 31 | 0 | Proper cooling methods used, adequate equipment for temperature control | 0 | 0 | 2 | 47 | 0 | Norfood-contact surfaces clean | 0 | 0 | 1 |
|  | 0 |  |  | 0 |  |  | OUT | Physical Facillties |  |  |  |
| 32 | 0 | Plant food properly cooked for hot thoiding | 0 | O | 1 | 48 | 0 | Hot and cold water available, adequate pressure | 0 | O | 2 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 | 49 | 0 | Plumbing instalect proper backlow devices | 0 | 0 | 2 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 | 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
|  | OUT | Food Idontification |  |  |  | 51 | 0 | Todet facilites. properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 35 | $\bigcirc$ | Food properly labeled, original container, required records avalable | 0 | 0 | 1 | 52 | 0 | Gartage/refuse properly disposect, facilises maintained | 0 | 0 | 1 |
|  | OUT | Provention of Foed Contamination |  |  |  | 53 | 20 | Physical faciites instalied, maintained, and clean | 0 | 0 | 1 |
| 36 | $\bigcirc$ | Insects, rodents, and animals not present | 0 | 0 | 2 | 54 | 8 | Adequate ventilation and lighting, designated areas used | $\bigcirc$ | 0 | 1 |
| 37 | 88 | Contamination prevented during food preparation, storage \& display | 0 | 0 | 1 |  | OUT | Administrative Items |  |  |  |
| 38 | $\bigcirc$ | Perscnal cleanliness | 0 | 0 | 1 | 55 | 0 | Currert permit posted | 0 | 0 | 0 |
| 39 | 0 | Wiping cloters. properly used and stored | 0 | 0 | 1 | 56 | 0 | Most recent inspection posted | 0 | 0 |  |
| 40 | 0 | Washing fruts and vegetables | 0 | 0 | 1 | Compliance Status |  |  | YES | NO | WT |
|  | OUT | Proper Use of Utensilis |  |  |  | Non-5mokers Protection Act |  |  |  |  |  |
| 41 | 0 | In-use utensis; properiy stored | 0 | 0 | 1 | 57 |  | Complance with TN Non-Smoker Protection Act |  | O |  |
| 42 | 0 | Utensils, equipment and linens, properiy stored, dried, handled | 0 | 0 | 1 | 58 |  | Tobacco products offered for sale | 0 | 0 | 0 |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | 1 | 59 |  | If tobacco products are sold. NSPA surver completed | 0 | 0 |  |
| 44 |  | vers used procert |  |  |  |  |  |  |  |  |  |






Date Signsure of Envirormertal Health Specialist
02/26/2024

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

| Establishment Information |
| :--- |
| Establahment Name: Krystal CHNF07 |
| Establahment: Number $: \quad 605261601$ |



| Warewashing Info | sanitizer Type | PPM | Temperature ( Fahrenhelt) |
| :---: | :---: | :---: | :---: |
| Maohline Name |  |  |  |
|  |  |  |  |

Equipment Temperature

| Decoription | Temperature (Fahrenheit) |
| :--- | :--- |
|  |  |


| Food Temperature | state of Food | Temperature ( Fahrenheit) |
| :--- | :--- | :--- |
| Decoription |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

37:
53:
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## Establishment Information

Establishment Name: Krystal CHNF07
Establishment Number: 605261601

## Comments/Other Observations

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## Additional Comments

See last page for additional comments.

[^0]Comments/Other Observations (cont'd)

Additional Comments (cont'd)

## Establishment Information

Establishment Name: Krystal CHNF07
Establishment Number \#. 605261601

## Sources

Source Type:
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## Additional Comments

**Priority item \#18 corrected. See original report dated 2/26/24.**


[^0]:    ${ }^{* \cdots}$ See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

