



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

95

Establishment Name Countryside Cafe Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 8223 Mahan Gap Rd. ☐ Temporary ☐ Seasonal  
City Ooltewah Time in 10:00 AM AM / PM Time out 10:30 AM AM / PM  
Inspection Date 02/27/2024 Establishment # 605061106 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 68

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

Compliance Status										COS					R					WT					
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																				
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																				
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
	IN	OUT	NA	NO	Consumer Advisory																				
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer advisory provided for raw and undercooked food										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	4					
	IN	OUT	NA	NO	Highly Susceptible Populations																				
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
	IN	OUT	NA	NO	Chemicals																				
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
	IN	OUT	NA	NO	Conformance with Approved Procedures																				
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					

**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		
Safe Food and Water					Compliance Status			COS R WT		
28	OUT				Pasteurized eggs used where required					1
29	OUT				Water and ice from approved source					2
30	OUT				Variance obtained for specialized processing methods					1
Food Temperature Control					Utensils and Equipment			COS R WT		
31	OUT				Proper cooling methods used; adequate equipment for temperature control					2
32	OUT				Plant food properly cooked for hot holding					1
33	OUT				Approved thawing methods used					1
34	OUT				Thermometers provided and accurate					1
Food Identification					45	OUT				1
35	OUT				Food properly labeled; original container; required records available					1
Prevention of Food Contamination					46	OUT				1
36	OUT				Insects, rodents, and animals not present					2
37	OUT				Contamination prevented during food preparation, storage & display					1
38	OUT				Personal cleanliness					1
39	OUT				Wiping cloths: properly used and stored					1
40	OUT				Washing fruits and vegetables					1
Proper Use of Utensils					47	OUT				1
41	OUT				In-use utensils; properly stored					1
42	OUT				Utensils, equipment and linens; properly stored, dried, handled					1
43	OUT				Single-use/single-service articles; properly stored, used					1
44	OUT				Gloves used properly					1
Physical Facilities					48	OUT				2
48	OUT				Hot and cold water available; adequate pressure					2
49	OUT				Plumbing installed; proper backflow devices					2
50	OUT				Sewage and waste water properly disposed					2
51	OUT				Toilet facilities: properly constructed, supplied, cleaned					1
52	OUT				Garbage/refuse properly disposed; facilities maintained					1
53	OUT				Physical facilities installed, maintained, and clean					1
54	OUT				Adequate ventilation and lighting; designated areas used					1
Administrative Items					55	OUT				0
55	OUT				Current permit posted					0
56	OUT				Most recent inspection posted					0
Non-Smokers Protection Act					57	OUT				0
57	OUT				Compliance with TN Non-Smoker Protection Act					0
58	OUT				Tobacco products offered for sale					0
59	OUT				If tobacco products are sold, NSPA survey completed					0

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 02/27/2024 Signature of Environmental Health Specialist [Signature] Date 02/27/2024

\*\*\*\* 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: Countryside Cafe

Establishment Number #: 605061106

**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)
CL Dishwasher	CL	50	

**Equipment Temperature**

Description	Temperature ( Fahrenheit)

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)

### Observed Violations

Total # 5

Repeated # 0

33: See original report.  
37: See original report.  
45: See original report.  
47: See original report.  
54: See original report.

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***Establishment Information***

Establishment Name: Countryside Cafe

Establishment Number : 605061106

***Comments/Other Observations***

- 1:
- 2:
- 3:
- 4:
- 5:
- 6:
- 7:
- 8:
- 9:
- 10:
- 11:
- 12:
- 13:
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15:
- 16:
- 17:
- 18:
- 19:
- 20: (IN): See temperatures.
- 21:
- 22:
- 23:
- 24:
- 25:
- 26:
- 27:
- 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: Countryside Cafe

Establishment Number : 605061106

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

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Establishment Number #:	605061106

**Sources**

Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:

**Additional Comments**

Dishwasher converted to CL dishwasher from high heat. CL dishwasher sanitizing at 50ppm CL.