TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| | مريم مر الدين | 10 | "周 | | | TOOD SERV | | | | | | | | | | | | | | |
|---------------|------------------|------------|-------------|--------|---|--|--|--------------------|---------------|--------------------------------------|--|----------------|-------------|---------|---------|---|----------------------------|--------|----------|---------|
| Ş | 19 | | Sel. | | | | | | | | | | | | | | | | | |
| Esta | bist | 10000 | t Nar | | Cafe on the | Corner | | | | | | | | | | Fermer's Market Food Unit Ø Permanent O Mobile | 9 | f |) | |
| Add | | | | | 826 Scenic | Hwy. | | | | | _ | Ту; | e of l | Establ | ishme | O Temporary O Seasonal | | | J | |
| City | | | | | Lookout Mtr | 1 | Timo is | 12 | <u>.</u> 0 | 0 P | - M | | | и т. | - | ut 12:45; PM_ AM / PM | | | | |
| | | _ | | | 05/17/20 | 22 Establishment # | | | | | | _ | | | me o | at <u>12.10,111</u> AM/PM | | | | |
| | | n Da | | | | | | | | - | | - | d 0 | | | L | | | | |
| | | | spect | not | 配Routine | O Follow-up | O Complaint | | | O Pro | nimin | ary | | | | nsuitation/Other | | | 12 | 5 |
| Risk | Cat | egor, R | | act | O1 | paration practices | O3 and employee | behr | | 04 | st c | omn | nonh | | | up Required O Yes 🗮 No I to the Centers for Disease Contro | Number of S | | 13 | 5 |
| | | | | | | | | | | | | | | | | control measures to prevent illnes | | | | |
| | | (Me | rk de | elgnet | ed compliance statu | | | | | | | | | | | INTERVENTIONS ach liom as applicable. Deduct points for ca | legory or subcate | gory.) | | |
| IN | ⊧in c | ompli | ance | | | NA=not applicable | NO=not observe | | | | \$=co | recte | d on-s | ite dur | ing ins | pection R=repeat (violation of the | | | | |
| | IN | олт | NA | NO | Com | Supervision | | cos | R | WT | | | | | | Compliance Status Cooking and Reheating of Time/Te | | cos | R | WT |
| \rightarrow | 麗 | 0 | 104 | no | Person in charge p | resent, demonstrates k | nowledge, and | 0 | 0 | 5 | | IN | OUT | | | Control For Safety (TCS) Fo | | | | |
| | | | NA | NO | performs duties | Employee Health | | - | | - | | 0 | 00 | 0 | | Proper cooking time and temperatures Proper reheating procedures for hot holding | g | 00 | 읭 | 5 |
| 2 | X | 0 | | | | lood employee awarene | ess; reporting | _ | 2 | 5 | - | IN | олт | | | Cooling and Holding, Date Marking, | and Time as | _ | | |
| 3 | 2 | 0 | NA | NO | , | iction and exclusion of Hygionic Practice | | 0 | 0 | - | 12 | 0 | 0 | 0 | 14 | a Public Health Control Proper cooling time and temperature | 1 | 0 | | |
| 4 | X | 0 | - | | | ing, drinking, or tobacco | | | 0 | | 19 | 家 | 0 | 0 | | Proper hot holding temperatures | | 0 | 0 | |
| | 义 N | | NA | | | eyes, nose, and mouth ng Contamination b | | 0 | 0 | <u> </u> | | 12 | 8 | 8 | 0 | Proper cold holding temperatures Proper date marking and disposition | | | 8 | 5 |
| | X | | nun. | | Hands clean and p | | y nanes | 0 | 0 | | 21 | | | | | | a and month | - | 0 | |
| _ | 80 | 0 | 0 | 0 | | act with ready-to-eat for | ods or approved | 0 | 0 | 5 | " | - | 0 | × | - | Time as a public health control: procedure | s and records | ٥ | <u> </u> | |
| 8 | 200 | 0 | | | alternate procedure Handwashing sink | es tollowed s properly supplied and | accessible | 0 | 0 | 2 | 23 | IN X | OUT | NA | NO | Consumer Advisory Consumer advisory provided for raw and a | undercooked | 0 | 0 | |
| | IN | OUT | NA | NO | Fred abbaland free | Approved Source | | | | | 23 | | - | - | 110 | food | | ~ | <u> </u> | • |
| | 高の | | 0 | 524 | Food obtained from Food received at p | | | | 0 | | | IN | OUT | | NO | Highly Susceptible Populat | | - | | |
| 11 | | | | | Food in good cond | ition, safe, and unadulte | | ŏ | ŏ | 5 | 24 | 0 | 0 | X | | Pasteurized foods used; prohibited foods r | not offered | 0 | 0 | 5 |
| | 0 | 0 | X | 0 | Required records a destruction | zvailable: shell stock tag | gs, parasite | 0 | 0 | | | IN | OUT | NA | NO | Chemicais | | | | |
| | | | NA | NO | | tion from Contamin | ation | | | | 25 | 0 | 0 | X | J | Food additives: approved and properly us | | 0 | | 5 |
| 13 | 문 | 00 | 8 | | Food separated an Food-contact surfa | ces: cleaned and saniti | zed | | 0 | 4 | 26 | <u>実</u> IN | O | NA | NO | Toxic substances properly identified, store Conformance with Approved Pro- | | 0 | 0 | |
| 15 | _ | _ | - | | | of unsafe food, returned | 1.4 | - | ō | _ | 27 | - | - | 8 | | Compliance with variance, specialized pro | | 0 | ন | 5 |
| 15 | ~ | • | | | served | | | U | U | - | 21 | 0 | U | 1~ | | HACCP plan | | • | <u> </u> | 0 |
| | | | | Goo | d Retail Practic | es are preventive : | measures to co | ontro | l the | intro | oduc | tion | of p | atho | gens | , chemicals, and physical objects | into foods. | | | |
| | | | | | | | | | | ar/Al | | | | 8 | | | | | | |
| | | | | 00 | T=not in compliance | liance Status | COS=come | | n-site | | inspe | ction | | | | R-repeat (violation of the same Compliance Status | | cos | R | WT |
| | | OUT | | | Safe | Food and Water | | | | | | 0 | UT | | | Utensils and Equipment | | 000 | ~ | |
| 2 | | | | | d eggs used where | | | 8 | 8 | 1 | 4 | 5 | | | | infood-contact surfaces cleanable, properly | designed, | 0 | 0 | 1 |
| 3 | - | | | | lice from approved obtained for special | zed processing method | ts . | | 8 | | E | | - | | | and used | | _ | | |
| | | OUT | | | | mperature Control | | | _ | | 4 | | _ | _ | | g facilities, installed, maintained, used, test | strips | 0 | 0 | 1 |
| 3 | 1 | 0 | Prop | | oling methods used | ; adequate equipment f | or temperature | 0 | 0 | 2 | 4 | _ | iii ∧ UT | lonfoo | d-cor | Physical Facilities | | 0 | 0 | 1 |
| 3 | 2 | 0 | | | properly cooked for | r hot holding | | 0 | 0 | 1 | 4 | | | lot and | d cold | water available; adequate pressure | | 0 | 01 | 2 |
| 3 | - | | | | thawing methods ut | | | 0 | 0 | 1 | 4 | _ | _ | | | stalled; proper backflow devices | | | 0 | 2 |
| 3 | 4 | OUT | Ther | mom | eters provided and a | accurate | | 0 | 0 | 1 | 5 | _ | | | | waste water properly disposed s: properly constructed, supplied, cleaned | | | 0 | 2 |
| 3 | 5 | | Food | Incon | | I container; required rec | oords available | 0 | 0 | 1 | 5 | _ | _ | | | use properly disposed; facilities maintained | | ŏ | ŏ | 1 |
| - | - | OUT | | , prop | | f Food Contaminatio | | Ľ | | - | 5 | | - | | | lities installed, maintained, and clean | | - | 0 | 1 |
| 3 | _ | - | Insec | ts, ro | dents, and animals | | | 0 | 0 | 2 | 5 | _ | | | | ntilation and lighting; designated areas use | d | ō | 0 | 1 |
| 3 | 7 | 0 | Cont | amina | ition prevented duri | ng food preparation, sto | orage & display | 0 | 0 | 1 | | 0 | υт | | | Administrative items | | | | |
| 3 | 8 | | | | leanliness | | | 0 | 0 | 1 | 5 | 5 | 0 | Jument | t pern | nit posted | | 0 | o | |
| 3 | _ | | | | ths; properly used a | and stored | | | ŏ | 1 | 5 | _ | | | | inspection posted | | 0 | ŏ | 0 |
| 4 | - | 0 | | _ | ruits and vegetable | 5 | | | 0 | 1 | | | | | | Compliance Status | | YES | NO | WT |
| 4 | _ | 001 | In-us | e ute | Proper nsils; properly store | d Use of Utensils | | 0 | 0 | 1 | 5 | 7 | - | Somoli | ance | Non-Smokers Protection A with TN Non-Smoker Protection Act | a | 25 | 01 | |
| 4 | 2 | 20 | Utensils, | | ensils, equipment and linens; properly stored, dried, handled | | 0 | 0 | 1 | 58 Tobacco products offered for sale | | | | | | 0 | 0 | 0 | | |
| 4 | 3 4 | | | | single-service article set properly | cles; properly stored, us | ed | | 8 | | 59 If tobacco products are sold, NSPA survey completed | | | | | 0 | 0 | | | |
| | - | | | | | | and provide the second second | | | | a second of | | dell'est | | e and a | Repeated violation of an identical risk factor n | and particular in a second | | | |
| servi | ce et | tablis | hmer | t perm | nit. Items identified as | constituting imminent he | with hazards shall b | e corre | cted is | mmedi | ately | or op | eration | ns shal | l ceas | e. You are required to post the food service es | tablishment permit | in a c | onspi | icuous |
| repo | nera rt. T. | cici | ecti | ns 68- | 14-703, 68-14-706, 68-1 | ort in a conspicuous man 4-708, 68-14-709, 68-14-71 | ver. Tou have the rig 1, 68-14-715, 68-14-7 | ne to r 16, 4-5 | eques 320. | t a hea | nng r | egard | ing th | rs repo | et by f | Iling a written request with the Commissioner w | ithin ten (10) days | of the | date | of this |
| | 4 | | | _ | 11 | 7. | 05/2 | | | > | | (| ~ | አ | P | F DD. | r | 15/1 | 7/2 | 2022 |
| (| <u>/'`</u> | L | 1 | N 7/ | | /\ | 05/- | L//Z | 022 | - | | | 11 | ~ | 1 - | UN | U | 1/1/1 | 112 | .022 |

Signature of Person In Charge

| Date | Signature |
|------|-----------|

e of Environmental Health Specialist

SCORE

| _ | _ | _ | |
|---|---|-----|---|
| _ | _ | _ | _ |
| - | - | h., | |
| D | а | UE | |

**** Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice **** Free food safety training classes are available each month at the county health department. Please call () 4232098110 to sign-up for a class.

PH-2267 (Rev. 6-15)

RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

. .

Establishment Name: Cafe on the Corner Establishment Number # 605245609

| 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 wenty-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. | |
| Sarage 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) | | | | | | |
| Dish Machine | Chlorine | 100 | | | | | | | |

| Equipment Temperature | | | | | | |
|--|--------------------------|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | |
| All refrigeration @ 41*F or below. Product temperatures taken from | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Food Temperature | | |
|-----------------------------|---------------|--------------------------|
| Decoription | State of Food | Temperature (Fahrenheit) |
| Sliced Tomatoes (low boy 1) | Cold Holding | 39 |
| Chicken Salad (Low boy 2) | Cold Holding | 39 |
| Turkey | Cold Holding | 41 |
| Chicken Strips (BT) | Cold Holding | 39 |
| Ground Beef (CD) | Cold Holding | 40 |
| Cream | Cold Holding | 38 |
| Chili (walk in) | Cold Holding | 39 |
| Black Beans | Hot Holding | 189 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Observed Violations

Total # 4 Repeated # ()

42: Clean dishes stored in dirty container.

46: Dish machine in poor repair. Dish machine dirty on top and by scraping area.

47: Convection oven dirty inside. Ice machine dirty inside.

54: Personal items stored in refrigerator with food products. Keep personal items physically separated from food products.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cafe on the Corner

Establishment Number : 605245609

Comments/Other Observations

- 1: (IN): PIC has Active Managerial Control of food systems in FSE.
- 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: (IN): Observed employees washing hands as needed.

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 products obtained from approved sources.
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (IN) TCS foods holding at 135*F or above. See food temperatures listed above.
- 20: (IN)TCS foods holding at 41*F or below. See food temperatures listed 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: (IN): Consumer advisory provided for raw or undercooked foods. Disclosure and reminder provided on menu.
- 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: (IN) Establishment does not allow smoking inside facility.
- 58: (IN): Tobacco products not sold at establishment.

***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: Cafe on the Corner Establishment Number: 605245609

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Cafe on the Corner

Establishment Number #: 605245609

| Food | Source: | Approved sources noted |
|-------|---------|-------------------------------------|
| Water | Source: | Public |
| | Source: | |
| | Source: | |
| | Source: | |
| | | Water Source: Source: Source: |

Additional Comments