

**TENNESSEE DEPARTMENT OF HEALTH**  
**FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

**SCORE**

Establishment Name	Longhorn Steakhouse #5015		Type of Establishment	<input checked="" type="radio"/> Permanent	<input type="radio"/> Mobile
Address	5771 Brainerd Rd.			<input type="radio"/> Temporary	<input type="radio"/> Seasonal
City	Chattanooga	Time in	02:20 PM	AM / PM	Time out
					02:50 PM
Inspection Date	04/22/2021	Establishment #	605201171	Embargoed	0
Purpose of Inspection	<input type="radio"/> Routine <input type="radio"/> Follow-up <input checked="" type="radio"/> Complaint <input type="radio"/> Preliminary <input type="radio"/> Consultation/Other				
Risk Category	<input checked="" type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4         Follow-up Required <input type="radio"/> Yes <input checked="" type="radio"/> No         Number of Seats         150				

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

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

Compliance Status						COS	R	WT
	OUT	Safe Food and Water						
28	<input type="radio"/>	Pasteurized eggs used where required				<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source				<input type="radio"/>	<input type="radio"/>	2
30	<input type="radio"/>	Variance obtained for specialized processing methods				<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control						
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control				<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/>	Plant food properly cooked for hot holding				<input type="radio"/>	<input type="radio"/>	1
33	<input type="radio"/>	Approved thawing methods used				<input type="radio"/>	<input type="radio"/>	1
34	<input type="radio"/>	Thermometers provided and accurate				<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification						
35	<input type="radio"/>	Food properly labeled; original container; required records available				<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination						
36	<input type="radio"/>	Insects, rodents, and animals not present				<input type="radio"/>	<input type="radio"/>	2
37	<input type="radio"/>	Contamination prevented during food preparation, storage & display				<input type="radio"/>	<input type="radio"/>	1
38	<input type="radio"/>	Personal cleanliness				<input type="radio"/>	<input type="radio"/>	1
39	<input type="radio"/>	Wiping cloths; properly used and stored				<input type="radio"/>	<input type="radio"/>	1
40	<input type="radio"/>	Washing fruits and vegetables				<input type="radio"/>	<input type="radio"/>	1
	OUT	Proper Use of Utensils						
41	<input type="radio"/>	In-use utensils; properly stored				<input type="radio"/>	<input type="radio"/>	1
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled				<input type="radio"/>	<input type="radio"/>	1
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used				<input type="radio"/>	<input type="radio"/>	1
44	<input type="radio"/>	Gloves used properly				<input type="radio"/>	<input type="radio"/>	1

R-repeat (violation of the same code provision)

Compliance Status						COS	R	WT
	OUT	Utensils and Equipment						
45	<input type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				<input type="radio"/>	<input type="radio"/>	1
46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips				<input type="radio"/>	<input type="radio"/>	1
47	<input type="radio"/>	Nonfood-contact surfaces clean				<input type="radio"/>	<input type="radio"/>	1
	OUT	Physical Facilities						
48	<input type="radio"/>	Hot and cold water available; adequate pressure				<input type="radio"/>	<input type="radio"/>	2
49	<input type="radio"/>	Plumbing installed; proper backflow devices				<input type="radio"/>	<input type="radio"/>	2
50	<input type="radio"/>	Sewage and waste water properly disposed				<input type="radio"/>	<input type="radio"/>	2
51	<input type="radio"/>	Toilet facilities; properly constructed, supplied, cleaned				<input type="radio"/>	<input type="radio"/>	1
52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained				<input type="radio"/>	<input type="radio"/>	1
53	<input type="radio"/>	Physical facilities installed, maintained, and clean				<input type="radio"/>	<input type="radio"/>	1
54	<input type="radio"/>	Adequate ventilation and lighting; designated areas used				<input type="radio"/>	<input type="radio"/>	1
	OUT	Administrative Items						
55	<input type="radio"/>	Current permit posted				<input type="radio"/>	<input type="radio"/>	0
56	<input type="radio"/>	Most recent inspection posted				<input type="radio"/>	<input type="radio"/>	
		Compliance Status				YES	NO	WT
		Non-Smokers Protection Act						
57		Compliance with TN Non-Smoker Protection Act				<input checked="" type="radio"/>	<input type="radio"/>	
58		Tobacco products offered for sale				<input type="radio"/>	<input type="radio"/>	0
59		If tobacco products are sold, NSPA survey completed				<input type="radio"/>	<input type="radio"/>	

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. C.A. Sections 14-703, 6B-14-706, 6B-14-708, 6B-14-709, 6B-14-711, 6B-14-715, 6B-14-716, 4-5-320.

Signature of Person In Charge \_\_\_\_\_ Date 04/22/2021

Signature of Environmental Health Specialist \_\_\_\_\_ Date 04/22/2021

\*\*\*\* 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: Longhorn Steakhouse #5015

Establishment Number #: 605201171

**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)

**Equipment Temperature**

Description	Temperature ( Fahrenheit)

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)

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***Establishment Information***

Establishment Name: Longhorn Steakhouse #5015

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***Comments/Other Observations***

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.

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

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**Sources**

Source Type: Source:

Source Type: Source:

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**Additional Comments**

Complaint conditions in kitchen. Work on sealing voids at floor, gaps at wall and equipment. Exolab performs monthly pest treatment or has needed. Document in file