TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE EST			VICE ESTA	BL	ISH	IME	IN'	T 11	NS	PEC	TI		SCO							
Estat	blish	men	t Nam	•	Krystal CHN	NF10						Ter		Fetabl	Le Brann	Fermer's Market Food Unit Ø Permanent O Mobile	10			
Address			6199 Lee Hwy O Temporary O Seasonal										/							
		Chattanoog	a	Time in	09	9.3	0 A	M			м та		DUL 10:10: AM AM / PM							
City						24 Establishment									me o	Jul 10.110, 1111 AM/PM				
Inspe								0		-		argoe	d L			I				
			spection	on (Routine	O Follow-up	O Complaint			O Pro	limir	ary		C) Co	onsultation/Other			46	
Risk	Cate				O1	22	0 3	hake		04		0.000	anal			rup Required O Yes 🐹 No In to the Centers for Disease Cont	Number of S	eats	40	_
				18 C	ontributing fac	tors in foodborne i	liness outbreak	s. P	ublic	He	lth	Inte	rven	tions	are	control measures to prevent illn	sss or injury.			
			rir dani		ed compliance stat											H INTERVENTIONS each liem as applicable. Deduct points for	catanory or subcata			
IN-	in co	mpīi				nce NA=not applicable										nspection R=repeat (violation of th				
_	_		_	_	Com	pliance Status		COS	R	WT	F	_	_	_	_	Compliance Status		cos	R	WT
	-		NA		Dostan in charge (Supervision present, demonstrates	inculates and			_		IN	001	r na	NO	Cooking and Reheating of Time/ Control For Safety (TCS)				
		0			performs duties		knowledge, and	0	0	5		0			8	Proper cooking time and temperatures		00	<u> </u>	5
2			NA		Management and	Employee Health food employee awaren	ess; reporting	0	o		17	0				Proper reheating procedures for hot hok Cooling and Holding, Date Marking		0	0	-
	_	0			Proper use of rest	riction and exclusion		0	0	5		IN	001	NA	NO	a Public Health Contr				
4		OUT O	NA			od Hygionic Practic ting, drinking, or tobacc		~				0	8		1 4 4	Proper cooling time and temperature Proper hot holding temperatures		8	8	
5 2	1	0		0	No discharge from	eyes, nose, and mout	h	ő	0	5	20	25	0	0		Proper cold holding temperatures		0	0	5
		001	NA		Prevent Hands clean and p	ing Contamination I properly washed	by Hands	0	0	_		*			-	Proper date marking and disposition			0	Ĩ
_	_	ō	_	0	No bare hand con	tact with ready-to-eat for	oods or approved	0	ō	5	22		0	-		Time as a public health control: procedu		0	0	_
8 1	X	0			alternate procedur Handwashing sink	s properly supplied and	d accessible	0	0	2	23	_	00	_	NO	Consumer advisory provided for raw and		0	0	4
	IN C		NA		Food obtained from	Approved Source m approved source		0	0	-	H	IN	001		NO	food Highly Susceptible Popula	tions	_	-	
10	0	0	0	\approx	Food received at p	proper temperature	torated	0	8	5	24	0	0	88		Pasteurized foods used; prohibited food	s not offered	0	0	5
11 2	_	0	x	0	Required records	ition, safe, and unadul available: shell stock to		ŏ	6	Ĩ	F	IN	our	r NA	NO	Chemicais				
	IN (OUT	NA		destruction Prote	ction from Contami	nation			_		0	0	120		Food additives: approved and properly u	ised		ा	
13) 14)	2	0	응		Food separated an	nd protected aces: cleaned and sani	timed	0	8		26	<u>実</u> IN	0	_		Toxic substances properly identified, sto Confermance with Approved I		0	0	•
		ŏ	-	1	Proper disposition	of unsafe food, returne		0	0	2	27	_	0	_	110	Compliance with variance, specialized p		0	0	5
	~	-			served			-	-	-	<u> </u>	-	-	~		HACCP plan		-	-	-
				Goo	d Retail Practic	ces are preventive	measures to co	ntro	l the	intro	oduc	tion	of	patho	gen	s, chemicals, and physical object	s into foods.			
										ar/Al				8						
_				OUT	renot in compliance Com	pliance Status	COS=corre	cted o COS	R R	during WT	inspe	iction				R-repeat (violation of the san Compliance Status		COS	R	WT
	_	OUT	Decto	6.24		Food and Water		~		_			TUK			Utensiis and Equipment			_	
28 29		0	Water	and	d eggs used where ice from approved	source		0	8	2	4	5				onfood-contact surfaces cleanable, prope d, and used	ty designed,	0	0	1
30	_	0 001	Varian	nce o		ized processing metho mperature Control	ds	0	Ō	1	4	6	o	Warew	ashir	ing facilities, installed, maintained, used, te	st strips	0	0	1
31		0				t; adequate equipment	for temperature	0	0	2	4	_	_	Nonfoo	d-co	ontact surfaces clean		0	0	1
32	-	0	contro Plant 1	-	properly cooked fo	r hot holding		0		1	4			Hot and	d cok	Physical Facilities d water available; adequate pressure		0	0	2
33	_				thawing methods u			0	0	1		9	0	Plumbi	ng in	stalled; proper backflow devices		0	0	2
34		OUT	Them	ome	ters provided and Feet	d identification		0	0	1			-			d waste water properly disposed ies: properly constructed, supplied, cleane	d		0	2
35		0	Food	prope	erly labeled; origina	al container; required re	cords available	0	0	1	5	_	_			fuse properly disposed; facilities maintaine		0	0	1
	-	OUT			Prevention	of Food Contaminat	ion				5	3	0	Physica	al fac	cilities installed, maintained, and clean			0	1
36	;	٥	Insect	s, ro	dents, and animals	s not present		0	0	2	5	4	<u>ہ</u>	Adequa	ate ve	entilation and lighting; designated areas u	sed	0	٥	1
37		0	Conta	mina	tion prevented dur	ing food preparation, s	torage & display	0	0	1		0	TUK			Administrative items				
38					leanliness			0	0	1						mit posted		0	0	0
39 40					ths; properly used uits and vegetable			0	8		F	6	0	MOST FE	cent	t inspection posted Compliance Status		O YES		WT
	-	OUT			Prope	r Use of Utensils		~				7	_	Comet	10.00	Non-Smokers Protection e with TN Non-Smoker Protection Act			-	
41	:	0	Utensi	ils, e		ns; properly stored, drie		0	00	1	5	8		Tobacc	o pro	oducts offered for sale		8	ŏ	0
43		0	Single	-use	/single-service arti	cles; properly stored, u	sed	0	0	1	5	9	1	f tobac	co pr	products are sold, NSPA survey completed	1	0	0	

correct any violations of risk factor items within ten (10) days may result in su tablishment permit. Items identified as constituting imminent health hazards sh ion of your food service establish corrected immediately or operation mit. Repeated violation of an identical risk factor may result in revocation of your foo cease. You are required to post the food service establishment permit in a conspicuou sult in suspension of your fo azards shall be corrected imm mer 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 ort. 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.

P 1

Signature of Person In Charge

O Gloves used properly

44

01/22/2024 Date

0 0 1

Signature of Environmental Health Specialist

01/22/2024

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	5	_	-	_
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**** Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice ****

PH-2267 (Rev. 6-15)	Free food safety training class	RDA 629		
PT92207 (Nev. 0-10)	Please call () 4232098110	to sign-up for a class.	NDA 025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Krystal CHNF10 Establishment Number #: 605261600

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								
ine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
	Lactic acid	200						
		ine Name Sanitizer Type	ine Name Sanifizer Type PPM					

Equipment Temperature						
Description	Temperature (Fahrenheit)					
Low boy	39					
Walk in cooler	38					

Hot Holding Hot Holding	Temperature (Fahrenheit
-	
Hot Holding	140
	149
Hot Holding	141
Cold Holding	39
Cold Holding	39
Cold Holding	38
	Hot Holding Cold Holding Cold Holding

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Krystal CHNF10

Establishment Number : 605261600

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 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): good handwashing observed.

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 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 products cooked at facility during time of inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (NO): no cooling of TCS foods observed.

19: (IN): See temperatures.

20: (IN): See temperatures.

- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 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: Krystal CHNF10 Establishment Number : 605261600

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Krystal CHNF10 Establishment Number #: 605261600

Sources				
Source Type:	Water	Source:	Public	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments