

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Yes 疑 No

O Farmer's Market Food Unit Oaks Coffee House Remanent O Mobile Establishment Name Type of Establishment 2916 Silverdale Rd. O Temporary O Seasonal Address Chattanooga Time in 11:00; AM AM / PM Time out 11:40; AM City 11/10/2021 Establishment # 605262064 Embargoed 0 Inspection Date **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other Purpose of Inspection

О3

Number of Seats 128

Follow-up Required

04

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

status (IH, OUT, HA, HO) for each nam

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	l⊏					Compliance Status	COS	R	WT					
	IN	оит	NA	NO	Supervision									IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature			
1	鼷	0			Person in charge present, demonstrates knowledge, and	0	0	5	١L					Control For Safety (TCS) Foods							
Ľ		_			performs duties		ľ	9	16	_	0	0		Proper cooking time and temperatures	0	0	- 5				
	IN	OUT	NA	NO	Employee Health			17	17 O O X Proper reheating procedures for hot holding		Proper reheating procedures for hot holding	0	0								
2	-MC	0			Management and food employee awareness; reporting	0	0	١.						Cooling and Holding, Date Marking, and Time as							
3	寒	0			Proper use of restriction and exclusion	0	0	5	5 IN OUT NA NO a Public Health Control												
	IN	OUT	NA	NO	Good Hygienic Practices				18		0	0	X	Proper cooling time and temperature	0	0					
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	15		0	0	20	Proper hot holding temperatures	0	0					
5	滋	0			No discharge from eyes, nose, and mouth	0	0		20		0	0		Proper cold holding temperatures	0	0	- 5				
	IN	OUT	NA	100000	Proventing Contamination by Hands				21 🕱 0 0		0	Proper date marking and disposition	0	0							
6	黨	0			Hands clean and properly washed	0	0		22	0	0	×	0	Time as a public health control: procedures and records	0	0					
7	왮	0	0		No bare hand contact with ready-to-eat foods or approved	0	0	5		_	_					Ľ					
Ι.			_	_	alternate procedures followed	_	_		l ∟	IN	OUT	NA	NO			_					
8	×	0	NIA.	LIDS	Handwashing sinks properly supplied and accessible	0	0	2	23	0	Ιo	323		Consumer advisory provided for raw and undercooked	0	0	4				
-		_	NA	NO	Approved Source	_		_		_	-			food		Ľ					
9		0	_		Food obtained from approved source	0	0		l ⊢	IN	OUT	NA	NO	Highly Susceptible Populations							
-		0	0	<u> </u>	Food received at proper temperature	0		5	24	lo	l٥	320		Pasteurized foods used; prohibited foods not offered	0	lo	5				
11	×	0	\perp	_	Food in good condition, safe, and unadulterated	0	0	l °	ΙĽ	1	0 0 00		_		_	_	_				
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		Ш	IN OUT NA NO		NO	Chemicals								
		OUT	NA	NO	Protection from Contamination				25	0	0	X		Food additives: approved and properly used	0	0					
13	黛	0	0		Food separated and protected	0	0	4	20	1	0			Toxic substances properly identified, stored, used	0	0	,				
14	寒	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	П	IN	OUT	NA	NO	Conformance with Approved Procedures							
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5				

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] [Compliance Status CO					WT
	OUT Safe Food and Water					1 [OUT Utensils and Equipment				
28	0	Pasteurized eggs used where required	0	0	1	1 [45	0	Food and nonfood-contact surfaces cleanable, properly designed,	0	0	•
29	0	Water and ice from approved source	0	0	2	1 L	40	•	constructed, and used	_	u	'
30		Variance obtained for specialized processing methods	0	0	1] [46 O		Warewashing facilities, installed, maintained, used, test strips	0	0	4
	OUT	Food Temperature Control						•	warewashing lacinoes, installed, maintained, dised, test sorps		_	
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	11	47	0	Nonfood-contact surfaces clean	0	0	1
31	١٠	control	١٠	١٧	l ²	11		OUT	Physical Facilities		_	
32	0	Plant food properly cooked for hot holding	0	0	1	11	48	0	Hot and cold water available; adequate pressure	0	ा	2
33	_	Approved thawing methods used	ō	Ō	1	11	49		Plumbing installed; proper backflow devices	ō	ō	2
34	_	Thermometers provided and accurate	0	0	1	11	50		Sewage and waste water properly disposed	0	0	2
	OUT		Ť	_		t t	51 O Toilet facilities: properly constructed, supplied, cleaned		ō	ō	1	
35	0	Food properly labeled; original container; required records available	0	О	1	11	52		Garbage/refuse properly disposed; facilities maintained	0	ō	1
-	OUT	Prevention of Feed Contamination	-			4 6	53 (Physical facilities installed, maintained, and clean	0	0	1
_	-				_	4 6	-				$\overline{}$	
36	0	Insects, rodents, and animals not present	0	0	2	IJ	54	0	Adequate ventilation and lighting; designated areas used	0	0	1
37	0	Contamination prevented during food preparation, storage & display	0	0	1	Ш	OUT Administrative Items					
38	0	Personal cleanliness	0	0	1	11	55	0	Current permit posted	0	ा	0
39	0	Wiping cloths; properly used and stored	0	0	1	11	56	0	Most recent inspection posted	0	0	v
40	0	Washing fruits and vegetables	0	0	1	11			YES	NO	WT	
	OUT	Proper Use of Utensils				1 [Non-Smokers Protection Act			
41		In-use utensils; properly stored	0	0	1	1 C	57 58		Compliance with TN Non-Smoker Protection Act	X	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1][58		Tobacco products offered for sale	0	0	0
43		Single-use/single-service articles; properly stored, used	0	0	1][59		If tobacco products are sold, NSPA survey completed	0	0	
44	0	Gloves used properly	0	0	1] ,						

You have the right to request a h ten (10) days of the date of the

11/10/2021 Signature of Person In Charge Date Signature of Environmental Health Specialist 11/10/2021

Date

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

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 4232098110 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Oaks Coffee House
Establishment Number #: | 605262064

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 (Fahrenhelt)					
Triple Sink Sanitizer bucket	QA QA	200 300						

Equipment Temperature						
Description	Temperature (Fahrenheit)					

Food Temperature		
Description	State of Food	Temperature (Fahrenheit
Milk	Cold Holding	37
Heavy cream	Cold Holding	37
Greens	Cold Holding	37
Beef	Cold Holding	37
Chicken salad	Cold Holding	38

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Oaks Coffee House Establishment Number: 605262064

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 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: Proper hand washing 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: Source approved.
- 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: (NO) TCS food is not being held hot during inspection.
- 20: 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: (NA) No food held under time as a public health control.
- 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:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Oaks Coffee House Establishment Number: 605262064	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	
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Establishment Information

Establishment Name: Oaks Coffee House								
Charles Suite Control (Albert Suite Control Co	262064							
0032	202004							
Sources								
Source Type:	Water	Source:	Public					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Comments								

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