TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

	100																	- -	>	
Establishment Name		McAlister's Deli						Type of Establishment O Farmer's Market Food Unit O Mobile												
Address					541 Signal Mtn. Road Suite 287 Type of Establishment O Temporary O Seasonal															
				01	L:4(0 F	M	A	M/P	и ті	me o	ut 02:10:PM AM	1/PM							
Insp	Inspection Date 04/25/2022 Establishment # 605246694 Embargoed 0																			
Purp	ose	of Ir	spec	tion	Routine	O Follow-up OC	Complaint		(o Pr					Cor	nsultation/Other				
Risk	Cat	_			O 1	302 O3	P			04						-hh	K No Number of 8		15	4
	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.																			
																INTERVENTIONS ach liom as applicable. Deduct				
IN	in c		ance	21910			not observe		NG LINE								plation of the same code provisi		,	
	IN	OUT	NA	NO		liance Status Supervision		COS	R	WT	F					Compliance Statu Cooking and Reheating		cos	R	WT
\rightarrow		0	-	1.00		esent, demonstrates knowledg	e, and	0	0	5		IN		NA		Control For Safe	ty (TCS) Foods		_	
	IN	OUT	NA	NO		Employee Health				-	16 17	00	00	0		Proper cooking time and temp Proper reheating procedures f		0	00	5
	<u>k</u>	0			Management and fo Proper use of restric	od employee awareness; repo ction and exclusion	rting		0	5		IN	ουτ	NA	NO	Cooling and Holding, Date				
	IN	OUT	NA	NO	Geo	d Hygionic Practicos						_	0	0		Proper cooling time and temps	erature	0	0	_
4		00			Proper eating, tastir No discharge from (IN OUT NA NO a Public Health Control Arysianic Practices IN OUT NA NO a Public Health Control Arysianic Practices IN OUT NA NO a Public Health Control Arysianic Practices IN OUT NA NO a Public Health Control Arysianic Practices IN OUT NA NO Proper cooling time and temperature Arysianic Practices O O 5 IN OUT NA NO a Public Health Control Arysianic Practices O O 5 IN OUT NA NO a Public Health Control Arysianic Practices O O 5 O O Proper cold holding temperatures Contamination by Hands In O O S In OUT NA NO Proper cold holding temperatures Contamination by Hands In O O S In OUT NA NO Consumer advisory provided for raw and une food Solved In OUT NA N			0	0	5									
	IN A		NA	NO	Preventin Hands clean and pr	g Contamination by Hands operly washed	•	0	0	_								0 0	0 0	Ť
_	×	0	0	0	No bare hand conta alternate procedure		oproved	0	0	5	-		-		-			•	9	
		0	NA	NO		properly supplied and accessit Approved Source	ble	0	0	2	23	0	0	×			for raw and undercooked	0	0	4
9 10		00	0		Food obtained from Food received at pr			00	8						NO					
11	×	0		_	Food in good condit	ion, safe, and unadulterated	ite	0	0	5	24	_		-				0	0	5
	O IN	0	X	O NO	destruction	tion from Contamination		0	0	_	25	IN O	OUT O	NA		Chemi Food additives: approved and		0	о	
13	2	0	0		Food separated and				8		26	<u>実</u> IN	0	NA	·	Toxic substances properly ide Conformance with Ap	ntified, stored, used	ŏ	õ	5
15	_		ľ		Proper disposition of	f unsafe food, returned food no	ot re-	0	0	2	27	0		20	NU	Compliance with variance, spe		0	0	5
					served									_		HACCP plan				
				Go	od Retail Practice	is are preventive measur									gens	s, chemicals, and physics	al objects into foods.			
				OL	T=not in compliance		COS=correc	cted or		during			IGR	5			n of the same code provision)			14.00
	_	OUT	_		Safe F	liance Status ood and Water			R			0	UT			Compliance Stat Utensils and Equip	ment	cos	ĸ	WT
2)	0	Wat	er an	ed eggs used where d ice from approved s	lource		0	0	2	4	5 1				infood-contact surfaces cleanal and used	ble, properly designed,	0	٥	1
3	_	001		ance		ed processing methods		0	0	1	4	6	-			g facilities, installed, maintaine	d, used, test strips	0	0	1
3	۱	o	Prop		oling methods used;	adequate equipment for tempe	rature	0	0	2	4	_	O N UT	lonfoo	d-cor	ntact surfaces clean Physical Faciliti	03	0	0	1
3:					d properly cooked for thawing methods us			00	8	1	4	_	<u> </u>			water available; adequate pre- stalled; proper backflow devices		0	8	2
3	1	0	The		eters provided and a	ocurate		ŏ	\rightarrow	1	5	0	o s	iewag	e and	waste water properly disposed	đ	0	0	2
3	_	001	_	d prog		Identification container; required records av	ailable	0	0	1	5	_	_			es: properly constructed, suppli use properly disposed; facilities		0	0 0	1
		OUT				Food Contamination		-			5		-		·	lities installed, maintained, and		0	0	1
3	\$	0	Inse	cts, r	odents, and animals r	not present		0	0	2	5	4	0 A	dequa	ste ve	intilation and lighting; designate	ed areas used	0	0	1
3	r	0	Con	tamin	ation prevented durin	g food preparation, storage & o	display	0	0	1		0	UT			Administrative Ite	oms			
3	_	-	-		cleanliness oths; properly used a	nd stored		00	0	1	5	_				nit posted inspection posted		00	0	0
4	_	O	_	shing	fruits and vegetables	Use of Utensils		0		1		-	_		_	Compliance Stat				WT
4	1	0	In-u		insils; properly stored		4		8	1	5					with TN Non-Smoker Protectio ducts offered for sale		X		0
- 4	3	0	Sing	ple-us	e/single-service articl	es; properly stored, used	10	0	0	1	5	9				oducts are sold, NSPA survey	completed	ŏ		Ů
4 Failu					sed properly	ms within ten (10) davs may result	t in suspen		0	food	servic		shish	ment o	ermit.	Repeated violation of an identica	I risk factor may result in revoc	ation	of yos	ar food
servi marv	ce es ler ar	stabli nd po	shme ist the	nt pen e most	mit. Items identified as recent inspection repo	constituting imminent health haza rt in a conspicuous manner. You I	rds shall be have the rigi	corre	cted in equest	mmed	ately	or op	eration	ns shal	l ceas	e. You are required to post the for fling a written request with the Co	od service establishment permi	t in a c	onsp	icuous
repo	port. T.C.A. sections (8-14-70), 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.																			
)	Signature of Person in Charge Date Signature of Environmental Health Specialist Date Date																			
oigr	atur	e of	Pen	son if		Additional food cafety inform	ation one	he fe		Date						ental Health Specialist ealth/article/eh-foodservice	****			Date
PH-2	267	Rev	6-15	a		Free food safety training		are	avai	lable	eac	h m	onth	at the	e cou	inty health department.	•		pr	DA 629
1192	201	(roev.	0-10	"		Please call (232							p for a class.			nı	A 023

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: McAlister's Deli Establishment Number #: 605246694

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
Triple sink Dish machine	QA Chlorine	200 50						

Equipment l'emperature	
Description	Temperature (Fahrenheit)

State of Food	Temperature (Fahrenheit)
Cold Holding	39
Hot Holding	145
Hot Holding	147
Hot Holding	155
Cold Holding	38
Cold Holding	39
Cold Holding	40
Cold Holding	40
Cold Holding	39
Cold Holding	40
Cold Holding	39
Cold Holding	39
	Cold Holding Hot Holding Hot Holding Cold Holding Cold Holding Cold Holding Cold Holding Cold Holding Cold Holding Cold Holding

Observed Violations

Total # 2 Repeated # ()

45: Two lowboy coolers with water pooling at bottom. 53: Floor tiles in poor repair.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: McAlister's Deli

Establishment Number : 605246694

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 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: Food obtained from approved source.

- 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: Proper hot holding temperatures observed.
- 20: Proper cold holding temperatures observed.
- 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:

***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: McAlister's Deli

Establishment Number : 605246694

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: McAlister's Deli Establishment Number #. 605246694

Sources			
Source Type:	Water	Source:	Public
Source Type:	Food	Source:	Mcartneys, merchants
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments