

Address

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Sweet Melissa's Permanent O Mobile Establishment Name Type of Establishment 1966 Northpoint Blvd Suite 126 O Temporary O Seasonal Hixson Time in 12:40 PM AM/PM Time out 01:15: PM AM/PM

08/25/2021 Establishment # 605250673 Embargoed 0 Inspection Date

O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Number of Seats 544 Risk Category О3 Follow-up Required 级 Yes O No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

### itus (IH, OUT, HA, HO) for ea

| 112 | <b>#</b> in ¢ | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | ed  |   | X  |
|-----|---------------|-------|------|----|---|-----|---|----|
|     |               |       |      |    | Compliance Status   | COS | R | WT |
|     | IN            | OUT   | NA   | NO | Supervision   |     |   |    |
| 1   | 盔             | ٥     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5  |
|     | IN            | OUT   | NA   | NO | Employee Health   |     |   |    |
| 2   | $\exists x$   | 0     |      |    | Management and food employee awareness; reporting   | 0   | 0 |    |
| 3   | ×             | 0     |      |    | Proper use of restriction and exclusion   | 0   | 0 | 5  |
|     | IN            | OUT   | NA   | NO | Good Hygienic Practices   |     |   |    |
| 4   | 30            | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0   | 0 | _  |
| 5   | 200           | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 | °  |
|     | IN            | OUT   | NA   | NO | Preventing Contamination by Hands   |     |   |    |
| 6   | 1             | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |    |
| 7   | 級             | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5  |
| 8   | ×             | 0     |      |    | Handwashing sinks properly supplied and accessible  | 0   | 0 | 2  |
|     | IN            | OUT   | NA   | NO | Approved Source   |     |   |    |
| 9   | 黨             | 0     |      |    | Food obtained from approved source  | 0   | 0 |    |
| 10  | 0             | 0     | 0    | ×  | Food received at proper temperature   | 0   | 0 |    |
| 11  | ×             | 0     |      |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5  |
| 12  | 0             | 0     | ×    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |    |
|     | IN            | OUT   | NA   | NO | Protection from Contamination   |     |   |    |
| 13  | ×             | 0     | 0    |    | Food separated and protected  | 0   | 0 | 4  |
| 14  | ×             | 0     | 0    |    | Food-contact surfaces: cleaned and sanitized  | 0   | 0 | 5  |
| 15  | M             | 0     |      |    | Proper disposition of unsafe food, returned food not re-                                  | 0   | 0 | 2  |

| _  |     |     |     |    | Compliance Status   | COS | к | WI |
|----|-----|-----|-----|----|---|-----|---|----|
|    | IN  | OUT | NA  | NO | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 |     | 0   | 0   | 黨  | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17 | 0   | 186 | 0   | 0  | Proper reheating procedures for hot holding                                 | 黨   | 0 | ٠  |
|    | IN  | оит | NA  | NO | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | ×   | 0   | 0   | 0  | Proper cooling time and temperature   | 0   | 0 |    |
| 19 | ×   | 0   | 0   | 0  | Proper hot holding temperatures   | 0   | 0 |    |
| 20 | 243 | 0   | 0   |    | Proper cold holding temperatures  | 0   | 0 | 5  |
| 21 | *   | 0   | 0   | 0  | Proper date marking and disposition   | 0   | 0 | *  |
| 22 | 0   | 0   | ×   | 0  | Time as a public health control: procedures and records                     | 0   | 0 |    |
|    | IN  | OUT | NA  | NO | Consumer Advisory   |     |   |    |
| 23 | ×   | 0   | 0   |    | Consumer advisory provided for raw and undercooked<br>food                  | 0   | 0 | 4  |
|    | IN  | OUT | NA  | NO | Highly Susceptible Populations  |     |   |    |
| 24 | 0   | 0   | 333 |    | Pasteurized foods used; prohibited foods not offered                        | 0   | 0 | 5  |
|    | IN  | оит | NA  | NO | Chemicals   |     |   |    |
| 25 | 0   | 0   | 3%  |    | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26 | 80  | 0   |     |    | Toxic substances properly identified, stored, used                          | 0   | 0 | 9  |
|    | IN  | OUT | NA  | NO | Conformance with Approved Procedures  |     |   |    |
| 27 | 0   | 0   | X   |    | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

#### s, chemicals, and physical objects into foods.

|    |     |  | G00 |   |   |
|----|-----|--|-----|---|---|
|    |     | OUT=not in compliance COS=corr   |     |   |   |
|    | OUT | Compliance Status Safe Food and Water                                      | cos | K | w |
| 00 | -   |  | -   |   |   |
| 28 | 0   | Pasteurized eggs used where required                                       | 0   | 0 | Ľ |
| 29 | 0   | Water and ice from approved source   | 0   | 0 | _ |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0   | 0 | Ŀ |
|    | OUT | Food Temperature Control   |     |   |   |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | : |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | Г |
| 33 | 0   | Approved thawing methods used  | 0   | 0 |   |
| 34 | 0   | Thermometers provided and accurate   | 0   | 0 | Г |
|    | OUT | Food Identification  |     |   |   |
| 35 | 0   | Food properly labeled; original container; required records available      | 0   | 0 | , |
|    | OUT | Prevention of Food Contamination   |     |   |   |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0   | 0 | 1 |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0   | 0 |   |
| 38 | 0   | Personal cleanliness   | 0   | 0 | Г |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0   | 0 | Г |
| 40 | 0   | Washing fruits and vegetables  | 0   | 0 |   |
|    | OUT | Proper Use of Utensils   |     |   | Т |
| 41 | 0   | In-use utensils; properly stored   | 0   | 0 | Г |
| 42 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 |   |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0   | 0 | Г |
| 44 | 10  | Gloves used properly   | 0   | 0 |   |

| rspect                     | ion | R-repeat (violation of the same code provision   | )   |    |    |
|----------------------------|-----|--|-----|----|----|
|                            |     | Compliance Status  | COS | R  | WT |
|                            | OUT | Utensiis and Equipment   |     |    |    |
| 45                         | 0   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0   | 0  | 1  |
| 46                         | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0   | 0  | 1  |
| 47                         | 0   | Nonfood-contact surfaces clean   | 0   | 0  | 1  |
|                            | OUT | Physical Facilities  |     |    |    |
| 48                         | 0   | Hot and cold water available; adequate pressure  | 0   | 0  | 2  |
| 49                         | 0   | Plumbing installed; proper backflow devices  | 0   | 0  | 2  |
| 50                         | 0   | Sewage and waste water properly disposed   | 0   | 0  | 2  |
| 51                         | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0   | 0  | 1  |
| 52                         | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0   | 0  | 1  |
| 53                         | 0   | Physical facilities installed, maintained, and clean                                     | 0   | 0  | 1  |
| 54                         | 0   | Adequate ventilation and lighting; designated areas used                                 | 0   | 0  | 1  |
|                            | OUT | Administrative Items   | Т   |    |    |
| 55                         | 0   | Current permit posted  | 0   | 0  | 0  |
| 56                         | 0   | Most recent inspection posted  | 0   | 0  |    |
| $\Box$                     |     | Compliance Status  | YES | NO | WT |
| Non-Smokers Protection Act |     |  |     |    |    |
| 57                         |     | Compliance with TN Non-Smoker Protection Act   | - X | 0  |    |
| 58                         |     | Tobacco products offered for sale  | 0   | 0  | 0  |
| 59                         |     | If tobacco products are sold, NSPA survey completed                                      | 0   | 0  |    |

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

08/25/2021

Signature of Person In Charge

Date Signature of Environmental Health Specialist

08/25/2021 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: Sweet Melissa's
Establishment Number #: 605250673

| 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 empking is prohibited by the 3rt   |  |

| Warewashing Info            |                  |            |                           |  |  |  |  |
|-----------------------------|------------------|------------|---------------------------|--|--|--|--|
| Machine Name                | Sanitizer Type   | PPM        | Temperature ( Fahrenhelt) |  |  |  |  |
| Dish machine<br>Sani bucket | Chlorine<br>Quat | 100<br>200 |                           |  |  |  |  |

| Equipment Temperature |                          |
|-----------------------|--------------------------|
| Description           | Temperature ( Fahrenheit |
|                       |                          |
|                       |                          |
|                       |                          |
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|                       |                          |

| Food Temperature |               |                          |
|------------------|---------------|--------------------------|
| Description      | State of Food | Temperature ( Fahrenheit |
| Green beans      | Reheating     | 109                      |
| Raw chx          | Cold Holding  | 39                       |
| Raw burger       | Cold Holding  | 40                       |
| Cut toms         | Cold Holding  | 41                       |
| Salsa            | Cooling       | 45                       |
| Cheese           | Cold Holding  | 40                       |
| Chili            | Hot Holding   | 138                      |
|                  |               |                          |
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| Observed Violations  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Total #  |  |  |  |  |  |  |
| Repeated # ()  |  |  |  |  |  |  |
| 17: Green beans not reheated to 165F. Reheated on site.  |  |  |  |  |  |  |
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# TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Sweet Melissa's Establishment Number: 605250673

#### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 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: Hands washed
- 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: 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.
- 18: See recorded food temperatures
- 19: See recorded food temperatures
- 20: See recorded food 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: 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:

58:

### Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: Sweet Melissa's Establishment Number: 605250673                                 | Establishment Information                 |  |
|---|---|--|
| Establishment Number: 605250673  Comments/Other Observations (cont'd)  Additional Comments (cont'd) | Establishment Name: Sweet Melissa's       |  |
| Additional Comments (cont'd)  | Establishment Number: 605250673           |  |
| Additional Comments (cont'd)  |   |  |
| Additional Comments (cont'd)  | Comments/Other Observations (cont'd)      |  |
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| Establishment Information |                |         |                     |  |  |  |  |
|---------------------------|----------------|---------|---------------------|--|--|--|--|
| Establishment Name: Sv    | weet Melissa's |         |                     |  |  |  |  |
| Establishment Number #:   | 605250673      |         |                     |  |  |  |  |
|                           |                |         |                     |  |  |  |  |
| Sources                   |                |         |                     |  |  |  |  |
| Source Type:              | Water          | Source: | Tnam                |  |  |  |  |
| Source Type:              | Food           | Source: | Us foods, reinhardt |  |  |  |  |
| Source Type:              |                | Source: |                     |  |  |  |  |
| Source Type:              |                | Source: |                     |  |  |  |  |
| Source Type:              |                | Source: |                     |  |  |  |  |
| Additional Comme          | nts            |         |                     |  |  |  |  |
|                           |                |         |                     |  |  |  |  |
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