TENNESSEE DEPARTMENT OF HEALTH

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					ICE ESTA					_				ON REPORT	SCO			\neg		
Estab	۹۵۸ lish	men	t Narr		Be Caffeinated Type of Establishment O Mobile Type O Type O Type Type O Type Type O Type Type O Type Type O Type Ty)					
Address			14 W. Kent Street O Temporary O Seasonal										•							
City			Chattanooga Time in 08:45 AM AM / PM Time out 09:15: AM AM / PM																	
Inspe	ction	n Da	te		10/14/202	22_Establishment#						_	d 0							
					Routine	O Follow-up	O Complaint			- O Pro					Cor	nsultation/Other				_
Purpose of Inspection XRoutine O Follow-up O Complaint Risk Category O1 X2 O3						04		2		Fo	low-	up Required O Yes 氨 No	Number of S	eats	36					
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.																				
				as c	ontributing fact												s or injury.			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS (Mark designated compliance status (IN, OUT, NA, NO) for each numbered liem. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)								gory.)												
IN-i	n co	mpīi	nce			ce NA=not applicable	NO=not observe	d COS	R		S=cor	recte	d on-s	site duri	ng ins	pection R=repeat (violation of the s Compliance Status		n) COS	R	WT
1	N	τυс	NA	NO		Supervision						IN	оит	NA	NO	Cooking and Reheating of Time/Te				
1 8	8	0	_			resent, demonstrates k	nowledge, and	0	0	5	16	0				Control For Safety (TCS) Fo Proper cooking time and temperatures	ods	0		
	N		NA		performs duties	Employee Health							ő			Proper reheating procedures for hot holding	u U	00	8	5
2 2	-	8				ood employee awarene iction and exclusion	iss; reporting	0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, a Public Health Control				
	_		NA		,	d Hygionic Practice		Ŭ		_	18	0	0	x	0	Proper cooling time and temperature		0	ा	-
4 8 5 8	K K	<u> </u>				ng, drinking, or tobacco eyes, nose, and mouth		0	8	5		0		8		Proper hot holding temperatures Proper cold holding temperatures		8	0	
1	N	TUC	NA	NO	Preventio	ng Contamination b						100		ŏ		Proper date marking and disposition		ŏ	ŏ	5
	-	0 0	0		Hands clean and pr No bare hand contain	roperly washed act with ready-to-eat fo	ods or approved	0	0 0	5	22	0	0	8	0	Time as a public health control: procedures	s and records	0	0	
88		- 1	•	Ŭ	alternate procedure Handwashing sinks	is followed properly supplied and	accessible	-	0	2			_	NA	NO	Consumer Advisory Consumer advisory provided for raw and u	undercooked	-	- 1	
1	N	DUT	NA	NO		Approved Source	decession.			_	23		0	NA	_	food Highly Susceptible Populati		٥	이	4
10 (K D		0		Food obtained from Food received at pr			0			24		001	XX	NO	Pasteurized foods used, prohibited foods n		0	0	5
11 8	ĸ	0			Food in good condi	tion, safe, and unadulte vailable: shell stock tag		0	0	5	24	_	_	NA NA			tot offered	~	9	•
12 O O & O Required records available: shell stock tags, parasite destruction		0	0	_	25			NA XX	NO	Chemicals Food additives: approved and properly use	ad	0	<u></u>							
13 (2	0	影		Food separated and	d protected			0		26	×	0			Toxic substances properly identified, store	d, used	ŏ	ŏ	5
14 8	_	_	0			ces: cleaned and saniti of unsafe food, returned		0	0			_		NA	NO	Conformance with Approved Pro Compliance with variance, specialized pro				
15 8	8	٥			served			0	0	2	27	0	0	窝		HACCP plan		0	0	5
				Goo	d Retail Practic	es are preventive i	measures to co	ntro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects	into foods.			
										ar/Al				5						
				00	Fenot in compliance Comp	liance Status	COS=corre	cted or COS			inspe	ction				R-repeat (violation of the same Compliance Status		cos	R	WT
28	_		Dacto		Safe F d eggs used where	Food and Water		0		-		0	UT	and as	d no	Utensils and Equipment nfood-contact surfaces cleanable, properly	decineed	_	_	
29		0	Wate	r and	ice from approved :	source		0	0	2	4	5 (and used	designed,	0	0	1
30	_		Varia	nce o		zed processing method mperature Control	5	0	0	1	4	5 (o v	Varewa	ashin	g facilities, installed, maintained, used, test	strips	0	0	1
31	Т	•••	Prope		ling methods used;	adequate equipment f	or temperature	0	0	2	4	_	O N UT	Vonfoo	d-cor	tact surfaces clean		0	0	1
32		0	Plant	food	properly cooked for			0	0		4	5 0	0 1			Physical Facilities I water available; adequate pressure		0		2
33	_				thawing methods us tens provided and a			0	0		49	_	_			stalled; proper backflow devices waste water properly disposed		0	응	2
	_	DUT	- man	1501116		Identification		Ŭ		_			-			is: properly constructed, supplied, cleaned			ŏ	1
35		٥	Food	prop	erly labeled; original	I container; required rec	cords available	0	0	1	5	2	o 9	Sarbag	e/refi	use properly disposed; facilities maintained		0	0	1
	4	201				f Food Contaminatio	n	0			5	_	_			lities installed, maintained, and clean		_	<u> </u>	1
36	+	-	_		dents, and animals			0	0	2	5	-	-	vaequa	ne ve	ntilation and lighting; designated areas use	a	0	이	1
37		_				ng food preparation, sto	orage & display	0	0	1			UT			Administrative items		6	C 1	
38 39	_	-			leanliness ths; properly used a	and stored		0		1	5					nit posted inspection posted		0	0	0
40	_	O TUC	Wasł	ing fr	uits and vegetables			0	0	1						Compliance Status		YES	NO	WT
41	_		In-us	e uter	reper sils; properly stored	Use of Utensils			0		5					Non-Smokers Protection Act with TN Non-Smoker Protection Act		XI	0	-
42 43	_					s; properly stored, dried les; properly stored, us		0	0	1	54 55					ducts offered for sale oducts are sold, NSPA survey completed		00	0	٥
44					ed properly	new, property solico, us	and .		ŏ				1	10000	oo pe	ourse are sond, more a survey completed		-	-	_
Failure	to to	corre	ct any	viola	tions of risk factor ite	ems within ten (10) days r	nay result in suspen	sion o	fyour	food	servic	e esta	blish	ment pe	ermit.	Repeated violation of an identical risk factor m	nay result in revoca	ation o	f you	r 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. The sections 68-14-708, 68-14-708, 68-14-718, 68-14-716,

$\Delta - \mathcal{N}$	10/14/2022	XA	10/14/2022
Signature of Person In Charge	Date	Signature of Envronmental Health Specialist	Date

,	Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****
	Erection food collabutesing a classes are qualitable each month at the county health department

PH-2257 (Rev. 6-15) Free food safety training classes are available each month at the county health department. Please call () 4232098110 to sign-up for a class.	PH-2267 (Rev. 6-15)

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Be Caffeinated Establishment Number #: 605302439

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.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. Smoke from non-enclosed areas is inflitrating into areas where smoking is prohibited. Smoking observed where smoking is prohibited by the Act.	

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenhelt)						
Three compartment sink	Chlorine	100							

Equipment l'emperature						
Description	Temperature (Fahrenheit)					
	·					

Description	State of Food	Temperature (Fahrenheit
Milk-walk in	Cold Holding	39
Milk-2 dr reach in	Cold Holding	41
Buffalo chicken wrap-2 dr merch unit	Cold Holding	41

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Be Caffeinated

Establishment Number: 605302439

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: (IN) Observed proper handwashing by employees.

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 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: No raw animal product in kitchen
- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.

18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.

- 19: (NA) Establishment does not hot hold TCS foods.
- 20: (IN) Cold holding temperatures are held at 41F or below
- 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: Be Caffeinated

Establishment Number: 605302439

Comments/Other Observations (cont'd)

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

Establishment Information						
Establishment Name: Be	Establishment Name: Be Caffeinated					
Establishment Number #:	605302439					

Sources			
Source Type:	Food	Source:	Be caffinated bakery
Source Type:	Water	Source:	Water is from approved source
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments