## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

ALC: NO.	1000		A. C.		Krystal Cl	HN010										O Fermer's Market Food Unit	C		
Est	abisi	hmen	t Nar	ne	4868 Hixs						_	Ту;	xe of E	Establi	shme		L		
	fress				Hixson			11	<u>ງ.ງ</u>	<u> </u>						O Temporary O Seasonal			
Cit	y					000			2:3			-			me ou	ut 01:10; PM AM/PM			
	pectio					022 Establishment		0		-		-	d 0						
Pu	pose	of In	spec	tion	Routine	O Follow-up	O Complaint			O Pro	limin	ary		c	Cor	nsultation/Other		~~~	
Ris	k Cat	-		ad	O1	2 preparation practice	O3 and employee	behr		04	at co		onb			up Required O Yes X No Number of to the Centers for Disease Control and Preven		62	
																control measures to prevent illness or injury.			
		(Ma	rk de	algaa	led compliance s											INTERVENTIONS ach item as applicable. Deduct points for category or subcal	egory.	,	
11	ŧ⊨in c	ompli	ance			pliance NA=not applicable	NO=not observe				S=cor	recte	d on-si	ite duri	ng ins	pection R=repeat (violation of the same code provis			
┝	IN	OUT	NA	NO	C	Supervision		COS	R	WT	Н					Compliance Status Cooking and Reheating of Time/Temperature	COS	R	WT
1	黨	0				ge present, demonstrates	knowledge, and	0	0	5		IN	OUT		NO	Control For Safety (TCS) Foods			
	IN	OUT	NA	NO	performs duties	Employee Health						高高	00	0		Proper cooking time and temperatures Proper reheating procedures for hot holding	00	0	5
2	英	0				ind food employee awarer restriction and exclusion	ness; reporting	0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
	IN	OUT	NA	NO	,	Good Hygienic Practic		-			18	0	0	0	×	Proper cooling time and temperature	0	0	
4	夏夏	0				tasting, drinking, or tobac- rom eyes, nose, and mou		0	8	5		X	00	0		Proper hot holding temperatures Proper cold holding temperatures	0	0	
6	IN 高	OUT	NA	NO	Preve	enting Contamination nd properly washed			0		21	20	0	0	0	Proper date marking and disposition	0	0	5
7	2	ō	0	ō		contact with ready-to-eat f	oods or approved	ō	ō	5	22	-	0	NA		Time as a public health control: procedures and records Consumer Advisory	0	0	
8	×	0	NA	NO		sinks properly supplied an Approved Source	d accessible	0	0	2	23	0	0	12		Consumer advisory provided for raw and undercooked	0	0	4
9	黨	0				from approved source			0			IN	OUT	NA	NO	food Highly Susceptible Populations			
	0 💢		0	×		at proper temperature ondition, safe, and unadu	Iterated	8	0	5	24	0	0	Ж		Pasteurized foods used; prohibited foods not offered	0	0	5
12		0	X	0	Required recor destruction	ds available: shell stock t	ags, parasite	0	0			IN	OUT	NA	NO	Chemicals			
13	N N			NO		d and protected	ination	0	0	4	25 26	<b>0</b> 溪	0	X		Food additives: approved and properly used Toxic substances properly identified, stored, used	0	0	5
14	×	0	ŏ		Food-contact s	urfaces: cleaned and san			0			ÎN	OUT	NA		Conformance with Approved Procedures	Ĕ		
15	鶑	0			Proper disposit served	tion of unsafe food, return	ed food not re-	0	0	2	27	0	0	窝		Compliance with variance, specialized process, and HACCP plan	0	0	5
Г				Goo	d Retail Prac	ctices are preventive	measures to co	ntro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects into foods.			
								GOO	DD R	ETAI	L PR	ACT	ICE	3					
				00	T=not in complian	ce Smpliance Status	COS=corre		R		inspe	ction				R-repeat (violation of the same code provision) Compliance Status	COS	R	WT
	28	OUT	Dact	0.0524		fe Food and Water		0		-			UT	ood a	ad no	Utensils and Equipment nfood-contact surfaces cleanable, properly designed,			
	29	0	Wate	er and	ice from appro-	ved source cialized processing metho	- ala	0	8 8	2	4	5 2				and used	0	٥	1
	50	OUT			Food	<b>Temperature</b> Control				_	4	-	_			g facilities, installed, maintained, used, test strips	0	0	1
	31	鼠	Prop cont		oling methods u	sed; adequate equipment	for temperature	0	0	2	4	_	O N UT	lonfoo	d-con	tact surfaces clean Physical Facilities	0	0	1
_	32 33				property cooke thawing method	d for hot holding			8	1	4	_	-			water available; adequate pressure stalled; proper backflow devices	8	8	2
_	34	0	<u> </u>		eters provided a	ind accurate		ŏ		1	5	2	o s	iewag	e and	waste water properly disposed	0	0	2
	35	OUT O	Foor	1 none		ood Identification ginal container; required r	ecords available	0	0	1	5	_	_			is: properly constructed, supplied, cleaned use properly disposed; facilities maintained	0	0 0	1
		OUT		2 prop	,	on of Food Contaminat		-		-	5		-			ities installed, maintained, and clean	0	0	1
:	36	0	Inse	ots, ro	dents, and anin	nals not present		0	0	2	5	<b>۱</b> (	🕱 A	dequa	ite ve	ntilation and lighting; designated areas used	0	0	1
;	37	0	Cont	amin	ation prevented	during food preparation, s	storage & display	0	0	1		0	UT			Administrative Items			
· · · ·	38 39				leanliness ths: properly us	ad and stored		0	0	1	5					nit posted inspection posted	00	0	0
	40	0			ruits and vegeta	ables			ŏ			•   ·	<u>∽</u> [∾	IOSL PE	cent	Compliance Status			WT
	41	OUT	in-us	e ute	Pro nsils; properly si	per Use of Utensils tored		0	0	1	5		-0	ompli	ance	Non-Smokers Protection Act with TN Non-Smoker Protection Act	X	0	
	42 43					inens; properly stored, dri articles; properly stored, u			0		5					ducts offered for sale oducts are sold, NSPA survey completed	0		0
-	14				ed properly				0										
ser	vice e	stablis	hmer	t per	nit. Items identifie	d as constituting imminent	health hazards shall b	e corre	icted i	mmedi	ately (	or op	eration	is shall	ceas	Repeated violation of an identical risk factor may result in revo e. You are required to post the food service establishment perm	it in a c	onsp	icuous
ma rep	vner a ort. T	nd po	st the sectio	most ns 68-	recent inspection 14-703, 68-14-706,	report in a conspicuous ma 68-14-708, 68-14-709, 68-14-7	nner. You have the rig 711, 68-14-715, 68-14-7	Pit to r 16, 4-5	eques -320.	t a hea	ring r	egard	ing th	is repo	n by f	lling a written request with the Commissioner within ten (10) day	s of the	date	of this
	~			ی ~	~		01/1			2		Q	0 0	IJ	B	$\sim$	01/1	.3/2	2022
Sig	natu	re of	Pers	on In	Charge		-			Date	Sig	natu	ire of	Envir	onme	ental Health Specialist			Date
_							P								-	ealth/article/eh-foodservice			
							and the last state of the second			Robbler,			and the second second	- 4 45		inter health department			

PH-2267 (Rev. 6-15)	Free food safety training class	RDA		
(100.0-10)	Please call (	) 4232098110	to sign-up for a class.	nun des

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Krystal CHN010 Establishment Number #: 605304870

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 (Fahrenheit)								
Triple sink	QA	200									

Equipment Temperature	
Description	Temperature (Fahrenheit)

Hot Holding Hot Holding Cold Holding	Temperature (Fahrenheit 150 160
-	160
Cold Holding	
	39
Cold Holding	40
	-

#### Observed Violations

Total # 3

Repeated # ()

31: TCS Food stacked to high in cooler. Reduce the amount in container to keep within required temperatures (41 degrees and Under).

45: Rusted racks.

54: Back storage room light not working.

## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



### Establishment Information

Establishment Name: Krystal CHN010

Establishment Number : 605304870

### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.

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:

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: (IN) All raw animal foods cooked to proper temperatures.

17: (IN) All TCS foods are properly reheated for hot holding.

18: (N.O.) No cooling of TCS foods during inspection.

19: See temps

20: See temps

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: Krystal CHN010

Establishment Number: 605304870

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Krystal CHN010 Establishment Number #: 605304870

Sources				
Source Type:	Food	Source:	Approved	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

# Additional Comments