TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

63.90

				FOOD SERVICE ESTABLISHMENT INSPECTION REPORT												SCORE									
ß		H.																				\mathbf{O}	C		
Establishment Name				Type of Establishment O Farmer's Market Food Unit Semanent O Mobile										7	$\boldsymbol{\varsigma}$										
Addr	Address 2296 Gunbarrel Rd.								170	eore	_ 540 L 11	211110		mporary	0	Seasonal		U							
City					Chattanoc	oga		Time in	01	L:1	0 F	M	AN	1/PI	M Tir	me ou	ut 02:05	5 PN	Ν	AM / PM					
Insp	etio	n Da	te		03/02/2	022 Establ	ishment # 605					Embar													
Purp	ose	of In:	spect		Routine	O Follow-		Complaint			-	limina			_) Cor	nsultation/Oth	her							
Risk	Cate	igon	/		01	882	0	3			04				Fo	low-	up Required	1	Yes	O No	,	Number o	Seats	13	30
			isk F	acto as c	ors are food p	preparation pr	actices and er borne illness o	mployee outbreak	beha s. P	vior	s mo ; Hea	st co uith li	mm nter	only vent	repo	are	to the Ce control me	nters : easure	for Di	sease (Control :	and Preve	ntion		
						FO	ODBORNE ILL	NESS RI	SK F	ACTO	ORS	AND	PUE		HEA	LTH	INTERVE	TION	5						
IN	in co	mplia		ngan	OUT=not in comp	siance NA=not		not observe		NG-10							pection					me code prov	sion)		
-					Co	mpliance Sta			COS	R	WT			_				mplian				perature	COS	R	WT
-	-	-	NA	NO	Person in charg	Supervit e cresent demo	nstrates knowled;	ce. and	-		_		IN	OUT	NA	NO					CS) Fee				
		0	NA	NO	performs duties			ge, ene	0	0	5	16 17		00	8		Proper cook Proper rehea						0	00	5
2	X.	0	nue.	no	Management ar		e awareness; repo	orting		<u> </u>		H+		олт		NO	Cooling as					nd Time a:	_		
		٥			,	estriction and exc			0	0	5									lealth C					
4	_		NA			Good Hygienic asting, drinking, d			0	0	_	18 19	0.00	0	8		Proper cooli Proper hot h				e		8	0	
	1	0		0	No discharge fr	om eyes, nose, a	and mouth		õ	õ	5	20	0	X	0		Proper cold	holding	temper	ratures			0	0	5
		0	NA			d properly wash	nation by Hand ed		0	0		21 22		0	0 ※		Proper date Time as a p					and research	0	0	
7	×	0	0	0	No bare hand o alternate proces		/-to-eat foods or a	pproved	0	0	5			OUT	NA		rime as a p			er Advis		ind records	, v	<u> </u>	
8			NA	-			plied and accessi	ible	0	0	2	23	0	0	麗		Consumer a food					dercooked	0	0	4
9	×	0				from approved so	ource			0		H	IN	OUT	NA	NO		ighly S	luscep	tible Po	pulatio	ns			
10 11		8	0	×		at proper tempera ondition, safe, an			00	0	5	24	0	0	88		Pasteurized	foods u	used; pr	ohibited	foods not	t offered	0	0	5
	_	ŏ	80	0	Required record		I stock tags, paras	site	ō	ŏ		H	IN	OUT	NA	NO			Che	micals					
+	IN (OUT	NA	NO	destruction Pro	tection from C	ontamination					25	0	0	X		Food additiv	es: app	roved a	and prop	erly used		0	0	
13 14		<u></u>			Food separated Food-contact su	and protected urfaces: cleaned	and sanitized			0	4	26	_	0 OUT	NA	NO	Toxic substa				d, stored, red Prec		0	0	Ů
		ិ					d, returned food n	ot re-	0	0	2	27	0	0	8		Compliance HACCP plan	with va					0	0	5
	_			Goo	d Retail Prac	tices are pre-	ventive measu	res to co	ntro	the	intro	duct	ion	of p	atho	gens	, chemica	ls, and	i phys	ical ob	jects in	to foods.	-		
									GOO	D R	TAU	L PR/	ACT	ICE	5										
				00	T=not in complianc	ce mpliance Stat		COS=corre		R		inspec	tion				C.	R-rep omplis			e same co	de provision)	LCOS	R	WT
	_	ουτ			Sat	te Food and W				-			0	JT			Ute	nsils a	nd Eq	ulpment					
28					d eggs used wh lice from approv					0		45	0				nfood-contac and used	t surfac	ces clea	anable, p	roperly di	esigned,	0	0	1
30	1				obtained for spec	cialized processin Temperature 0			ŏ	ŏ	ĩ	46		- É			g facilities, in	stalled,	mainta	ined, usi	ed, test st	trips	0	0	1
			Prop	er co			uipment for temp	erature	0			47	8	8 N	lonfoo	d-cor	tact surfaces	s clean					0	0	1
31		~	contr	ol					-	0	2			υT				hysic							
32	_				properly cooked thawing method					0	1	48					water availa stalled; prope				,			0	2
34		O DUT	Then	morme	eters provided an	nd accurate od identificati			0	0	1	50 51	-				waste water is: properly c				aanod			00	2
35	-	_	Eand	locon			equired records av	ailable	0	0	1	52	-				use properly of						6	0	1
-		OUT		prop		n of Food Cont	-	andere	Ŭ		-	53			-		lities installed		-					0	1
36	- 1	-	Insec	ts, ro	dents, and anim				0	0	2	54	+ ~	-			ntilation and	-					ō	0	1
37	·†	0	Cont	amina	ation prevented of	during food prepa	aration, storage &	display	0	0	1		0	υт											
38		-			leanliness				0	0	1	55					nit posted						0	0	0
39					ths; properly use ruits and vegetal					0	1	56		D N	fost re	cent	inspection po	sted	nce St	tatus				0	WT
	_	OUT	VIGS	-gr		per Use of Ute	nsils						Т				N	ion-Sm	okers	Protect	tion Act		160	140	
41	_				nsils; properly st quipment and lin		ored, dried, handle	od		8	1	57 58					with TN Non- ducts offered			ction Act			X	8	0
- 43	-	0	Singl	e-use	single-service a	articles; properly at		00	0	0	1	59					oducts are so			vey comp	pleted		ŏ	ŏ	Ů
44	-	-			ed properly	a la constant de la c				0	_														
servi	e est	tablis	hmen	t perm	nit. Items identified	d as constituting in	(10) days may resul mminent health haze	ards shall be	e corre	cted is	mmedi	ately o	r ope	ration	ns shall	ceas	e. You are req	uired to	post the	e food ser	rvice estab	dishment per	nit in a	consp	sicuous
repor	\sim	C.A. s	st the ection				2000s manner. You 39, 68-14-711, 68-14-7				ahea	ring re	gardi	ng thi	repo	n by f	sing a written	request	with the	Commiss	sioner with	en ten (10) da	ys of th	e date	of this
	\square	V		٤	asth	8		03/0)212	022)		>	$\langle $	F		Ke						03/0)212	2023
Sign	atun	e of	Pers	on In	Charge			55,0		-	Date	Sig	natu	re of	Envir	onme	ental Health	Specia	list				5510		Date
-	**** Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice ****																								

PH-2267 (Rev. 6-15)	Free food safety training cl	RDA		
	Please call () 4232098110	to sign-up for a class.	nur de

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Steak N Shake Establishment Number #: 605092104

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 (Fahrenheit)				
Sani bucket	QA	200					
3 compartment sink	QA	200					
Dishmachine		0					

Equipment Temperature						
Description	Temperature (Fahrenheit)					
Prep top holding hot dogs	47					

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Raw hamburger-2 dr reach in	Cold Holding	38
Raw hamburger-prep top	Cold Holding	38
Hot dog-prep top	Cold Holding	48
Raw shell egg-prep top	Cold Holding	56
Hamburger	Cooking	165
Chili	Reheating	177
Chicken strip	Hot Holding	167
Sliced tomato-prep top	Cold Holding	41
Milk-1 dr near drive thru	Cold Holding	41
Sliced tomatoes	Cold Holding	36
Cooked pasta	Cooling	56
Ground beef—walk in	Cold Holding	34

Total # 5

Repeated # ()

14: Dishmachine is not dispensing sanitizer (Oppm chlorine and 124F). The sanitizing bucket is empty. Manager stated a replacement bucket is on order and should be here in two days. Discussed manual sanitizing until machine is repaired.

20: Prep unit by grill is holding food (hot dogs and raw shell eggs) at 48F and 56F. Ambient temperature is 47F. Repair unit and keep TCS food at 41F or below. Food was discarded by manager as a precaution.

47: Handles of 2 door reach in unit on cookline have accumulated debris. Clean and sanitized on a more routine basis to prevent contamination.

47: Excessive ice build up in walk in freezer. Defrost to prevent contamination.

53: Hole in wall near drive thru. Repair hole to ensure walls are cleanable.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Steak N Shake

Establishment Number : 605092104

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: (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: (IN) All raw animal food is separated and protected as required.
- 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: Cooked pasta cooling in prep area.
- 19: (IN) Hot holding temperatures are held at 135F or above
- 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: Steak N Shake

Establishment Number : 605092104

Comments/Other Observations (cont'd)

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

Establishment Information Establishment Name: Steak N Shake Establishment Number #: 605092104

Sources			
Source Type:	Food	Source:	Sigma
Source Type:	Water	Source:	Water is from approved source
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments