

Establishment Name

Address

City

Captain D's

Smyrna

1878 Almaville Road

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Number of Seats 88

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

02/26/2024 Establishment # 605252787 Embargoed 0 Inspection Date

> O Preliminary O Consultation/Other

Time in 03:25 PM AM / PM Time out 03:35: PM AM / PM

∰ Follow-up Routine O Complaint Purpose of Inspection Risk Category О3 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 117 | N=in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | 0 |
|-----|--------|-------|------|----|---|-----|---|---------------|
| | | | | | Compliance Status | cos | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | × | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | ЭK | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | 寒 | 0 | | | Proper use of restriction and exclusion | | 0 | 5 |
| | IN | OUT | NA | NO | Good Hyglenic Practices | | | |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | 0 |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 黨 | 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 alternate procedures followed | 0 | 0 | 5 |
| 8 | 300 | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| Ť | IN | _ | NA | NO | Approved Source | Ť | _ | - |
| 9 | 窓 | 0 | | | Food obtained from approved source | 0 | 0 | $\overline{}$ |
| 10 | 0 | 0 | 0 | 28 | 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 destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | 窓 | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | X | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| | | | | | Compliance Status | COS | R | WT |
|----|----|-----|----|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 文 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | , |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as 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 | 凝 | 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 food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | M | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | R | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

trol the introduction of pathogo s, chemicals, and physical objects into foods.

L PRACTICES

| | | | GOO | | |
|----|-----|--|-----|---|----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Safe Food and Water | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | Water and ice from approved source | 0 | 0 | - |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | ١. |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | : |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | Г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | Ε. |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Т |
| | 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 | |
| 37 | 885 | 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 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | Г |
| | OUT | Proper Use of Utensils | | | |
| 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 | |
| 44 | 10 | Gloves used properly | - 0 | 0 | |

| inspection R-repeat (violation of the same code provision) | | | | | | |
|---|--|--|--|----|----|--|
| | OUT | Compliance Status | COS | R | WT | |
| | | | | | | |
| 45 | 45 O Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | 0 | 0 | 1 | |
| 46 O Warewashing facilities, installed, maintained, used, test strips | | 0 | 0 | 1 | | |
| 47 | 7 O 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 | 2% | Physical facilities installed, maintained, and clean | 0 | 0 | 1 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | and lighting; designated areas used OO | | 1 | |
| | OUT | Administrative Items | Т | | | |
| 55 | 0 | Current permit posted | 0 | 0 | 0 | |
| 56 | 0 | Most recent inspection posted | 0 | 0 | | |
| | | 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 | | |

on report in a conspicuous manner. You have the right to request a hearing regarding this report by fill 16, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. ten (10) days of the date of the

02/26/2024 ignature of Person in Charge

HELOOPS

02/26/2024

**** 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)) 6158987889 Please call (to sign-up for a class.

Date

Date

RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | | |
|--|--------------------------------|-------------------------------|------------------------|----------|--|--|--|
| Establishment Name: Captain D's | | | | | | | |
| Establishment Number #: 605252787 | | | | | | | |
| | | | | | | | |
| NSPA Survey - To be completed if | | | - | | | | |
| Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older. | rict access to its buildings o | or facilities at all times to | persons who are | | | | |
| Age-restricted venue does not require each per | son attempting to gain entr | y to submit acceptable f | orm of identification. | | | | |
| "No Smoking" signs or the international "Non-Si | making! sumbal are not con | entruments norted at as | an antranca | | | | |
| No omoking signs of the international Non-or | moking symbol are not cor | ispicuously posted at ex | ery entrance. | | | | |
| Garage type doors in non-enclosed areas are n | ot 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 in | nto areas where smoking is | prohibited. | | | | | |
| Smoking observed where smoking is prohibited | by the Act. | | | | | | |
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| Warewashing Info | | | | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fah | renhelt) | | | |
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| | | | | | | | |
| Equipment Temperature | | | | | | | |
| Description | | | Temperature (Fahr | enhelt) | | | |
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| Food Townsonton | | | | | | | |
| Food Temperature Description | | | | | | | |
| Decomption | | State of Food | Tamparahus / Esh | | | | |
| | | State of Food | Temperature (Fahr | enheit) | | | |
| | | State of Food | Temperature (Fahr | enhelt) | | | |
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| Observed Violations Total # 2 Repeated # 0 37: 53: |
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| Total # 2 |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Name: Captain D's | |
|---|--|
| Establishment Number: 605252787 | |
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| Comments/Other Observations | |
| 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: (IN) All poisonous or toxic items are properly identified, stored, and used. 27: 58: | |
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| 23. 24. | |
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| 20. 26: (IN) All poisonous or toxic itams are properly identified, stored, and used | |
| 20. (IN) All poisonous of toxic items are properly identified, stored, and used. | |
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| Establishment Information | |
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| Establishment Name: Captain D's | |
| Establishment Number: 605252787 | |
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| Comments/Other Observations (cont'd) | |
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| Establishment Information | | | | | | |
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| Establishment Name: Captain D's | | | | | | |
| Establishment Number #: 605252787 | | | | | | |
| TO SECOND | | | | | | |
| Sources | | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Additional Comments | | | | | | |
| All priority item violations have been corrected. | | | | | | |
| Will send applicable food safety fact sheets. | | | | | | |
| Will discuss a food safety plan for repeat violation. | | | | | | |
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