



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

# 100

Establishment Name Starbucks #58910 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
 Address 4503 HWY 58 ☐ Temporary ☐ Seasonal  
 City Chattanooga Time in 02:00 PM AM / PM Time out 02:40 PM AM / PM  
 Inspection Date 05/06/2021 Establishment # 605262514 Embargoed 0  
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
 Risk Category ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 49

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.

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance					OUT=not in compliance		NA=not applicable		NO=not observed		COS=corrected on-site during inspection				R=repeat (violation of the same code provision)										
Compliance Status										COS	R	WT	Compliance Status										COS	R	WT
	IN	OUT	NA	NO	Supervision									IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods							
1	<input checked="" type="radio"/>	<input type="radio"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="radio"/>	<input type="radio"/>	5	16	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures					<input type="radio"/>	<input type="radio"/>	5
	IN	OUT	NA	NO	Employee Health								17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper reheating procedures for hot holding					<input type="radio"/>	<input type="radio"/>	
2	<input checked="" type="radio"/>	<input type="radio"/>			Management and food employee awareness, reporting					<input type="radio"/>	<input type="radio"/>	5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control							
3	<input checked="" type="radio"/>	<input type="radio"/>			Proper use of restriction and exclusion					<input type="radio"/>	<input type="radio"/>		18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper cooling time and temperature					<input type="radio"/>	<input type="radio"/>	
	IN	OUT	NA	NO	Good Hygienic Practices								19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper hot holding temperatures					<input type="radio"/>	<input type="radio"/>	5
4	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	Proper eating, tasting, drinking, or tobacco use					<input type="radio"/>	<input type="radio"/>	20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Proper cold holding temperatures					<input type="radio"/>	<input type="radio"/>		
5	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	No discharge from eyes, nose, and mouth					<input type="radio"/>	<input type="radio"/>	21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition					<input type="radio"/>	<input type="radio"/>		
	IN	OUT	NA	NO	Preventing Contamination by Hands							22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Time as a public health control: procedures and records					<input type="radio"/>	<input type="radio"/>		
6	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	Hands clean and properly washed					<input type="radio"/>	<input type="radio"/>	5		IN	OUT	NA	NO	Consumer Advisory							
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input type="radio"/>	<input type="radio"/>		23	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Consumer advisory provided for raw and undercooked food					<input type="radio"/>	<input type="radio"/>	4
8	<input checked="" type="radio"/>	<input type="radio"/>			Handwashing sinks properly supplied and accessible					<input type="radio"/>	<input type="radio"/>	2		IN	OUT	NA	NO	Highly Susceptible Populations							
	IN	OUT	NA	NO	Approved Source								24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Pasteurized foods used; prohibited foods not offered					<input type="radio"/>	<input type="radio"/>	5
9	<input checked="" type="radio"/>	<input type="radio"/>			Food obtained from approved source					<input type="radio"/>	<input type="radio"/>	5		IN	OUT	NA	NO	Chemicals							
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Food received at proper temperature					<input type="radio"/>	<input type="radio"/>		25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Food additives: approved and properly used					<input type="radio"/>	<input type="radio"/>	5
11	<input checked="" type="radio"/>	<input type="radio"/>			Food in good condition, safe, and unadulterated					<input type="radio"/>	<input type="radio"/>		26	<input checked="" type="radio"/>	<input type="radio"/>		Toxic substances properly identified, stored, used					<input type="radio"/>	<input type="radio"/>		
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Required records available: shell stock tags, parasite destruction					<input type="radio"/>	<input type="radio"/>			IN	OUT	NA	NO	Conformance with Approved Procedures							
	IN	OUT	NA	NO	Protection from Contamination								27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Compliance with variance, specialized process, and HACCP plan					<input type="radio"/>	<input type="radio"/>	5
13	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Food separated and protected					<input type="radio"/>	<input type="radio"/>	4													
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Food-contact surfaces: cleaned and sanitized					<input type="radio"/>	<input type="radio"/>	5													
15	<input checked="" type="radio"/>	<input type="radio"/>			Proper disposition of unsafe food, returned food not re-served					<input type="radio"/>	<input type="radio"/>	2													

## Establishment Number #: 605262514

## Smoking observed where smoking is prohibited by the Act.

Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)
Triple sink High heat dishwasher	QA Heat	200	160

Description	Temperature ( Fahrenheit)
Walk in cooler rear facility	36
Reach in cooler prep area	37
Reach in cooler drive thru	36

Description	State of Food	Temperature ( Fahrenheit)
Dairy (rear cooler)	Cold Holding	36
Dairy (reach in cooler prep area)	Cold Holding	37
Dairy (reach in cooler drive thru)	Cold Holding	35

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Starbucks #58910

Establishment Number : 605262514

**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: Good handwashing observed.
- 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 from approved sources.
- 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 products present at facility during time of inspection.
- 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: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See temperatures.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 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.***

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

**Establishment Information**

Establishment Name: Starbucks #58910

Establishment Number : 605262514

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

### Establishment Information

Establishment Name: Starbucks #58910

Establishment Number #:	605262514
-------------------------	-----------

## Sources

Source Type:	Food	Source:	Mayfield
--------------	------	---------	----------

Source Type:	Water	Source:	Public
--------------	-------	---------	--------

Source Type: Source:

Source Type:	Source:
--------------	---------

Source Type:	Source:
--------------	---------

### ***Additional Comments***