

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Cafe on the Corner Permanent O Mobile Establishment Name Type of Establishment 826 Scenic Hwy. O Temporary O Seasonal Address Lookout Mtn Time in 02:00 PM AM / PM Time out 02:45; PM 05/27/2021 Establishment # 605245609

Embargoed 1 Inspection Date Purpose of Inspection **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other

Risk Category О3 Follow-up Required 级 Yes O No

Number of Seats 135 e Control and Prevention

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

s (IN, OUT, NA, NO) for

10	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		0
		OUT NA NO Supervision OUT NA NO Proventing dening or tobacco use OUT NA NO Good Hyglenic Practices O Proper eating, tasting, drinking, or tobacco use O No discharge from eyes, nose, and mouth OUT NA NO Preventing Centamination by Hands						WT
	IN	OUT	NA	NO	Supervision			
1	氮	_				0	0	5
	IN	-	NA	NO				
2	-MC	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	*	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	
	IN	-	NA	NO	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	េ	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	X	_			Handwashing sinks properly supplied and accessible	0	0	2
	_	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	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	×	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized OO		5	
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served			2

	Compliance Status							WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	黨	Proper cooking time and temperatures	0	0	5
17	0	0	0	3%	Proper reheating procedures for hot holding	0	0	۰
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	X	Proper cooling time and temperature	0	0	
19	0	180	0	0	Proper hot holding temperatures	180	0	
20	24	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	1
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	оит	NA	NO	Chemicals			
25	0	0	3%		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used	0	0	•
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

#### s to control the introduction of pathogens, chemicals, and physical objects into foods.

PRACTICES

			G00		
		OUT=not in compliance COS=corr			
	OUT	Compliance Status Safe Food and Water	cos	K	w
00	-		-		
28	0	Pasteurized eggs used where required	0	0	Ľ
29	0	Water and ice from approved source	0	0	_
30	0	Variance obtained for specialized processing methods	0	0	Ŀ
	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	
34	0	Thermometers provided and accurate	0	0	Г
	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	1
37	0	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	Г
40	0	Washing fruits and vegetables	0	0	
	OUT	UT 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	Г
44	10	Gloves used properly	0	0	

spection R-repeat (violation of the same code provision)							
		Compliance Status	COS	R	WT		
	OUT Utensils and Equipment						
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1		
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1		
47	凝	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	0	Physical facilities installed, maintained, and clean	0	0	1		
54	0	Adequate ventilation and lighting; designated areas used	0	0	1		
	OUT	Administrative Items					
55	0	Current permit posted	0	0	6		
56	0	Most recent inspection posted	0	0	۰		
		Compliance Status	YES	NO	WT		
		Non-Smokers Protection Act					
57		Compliance with TN Non-Smoker Protection Act	- 120	0			
58		Tobacco products offered for sale	0	0	0		
59		If tobacco products are sold, NSPA survey completed	_ 0	0			

er. You have the right to request a h in (10) days of the date of the 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

> 05/27/2021 Date

05/27/2021

Signature of Environmental Health Specialist

Date

\*\*\*\* Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice \*\*\*\*

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



### Establishment Information

Establishment Name: Cafe on the Corner
Establishment Number # | 605245609

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 ( Fahrenhelt)			
Triple Sink Dish Machine	QA Chlorine	400 100				

Equipment Temperature						
Description	Temperature (Fahrenheit)					
All refrigeration @ 41*F or below.						
_						

Food Temperature		
Description	State of Food	Temperature ( Fahrenheit)
Turkey	Cold Holding	40
Sliced Tomatoes	Cold Holding	36
Shrimp	Cold Holding	39
Ground Beef	Cold Holding	40
Greens (walk in)	Cold Holding	39
Mashed Potatoes	Hot Holding	164
Rice	Hot Holding	166
Cooked Greens	Hot Holding	155
*Queso	Hot Holding	104

Observed Violations								
Total # 2								
Repeated # 0								
19: Queso holding on bain marie at 104*F. Must be 135*F or above. Advised on								
proper holding/re-heating for immediate service/ and re-heating for hot holding.								
Product was discarded at time of inspection. (COS)								
47: Convection oven dirty inside.								
47. Convection even unty moide.								

<sup>&</sup>quot;"See page at the end of this document for any violations that could not be displayed in this space.

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



#### Establishment Information

Establishment Name: Cafe on the Corner Establishment Number: 605245609

### Comments/Other Observations

- 1: (IN): PIC has Active Managerial Control of food systems in FSE.
- 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 employees washing hands as needed.
- 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 products obtained 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: (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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 20: (IN)TCS foods holding at 41\*F or below. See food temperatures listed 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: (IN): Consumer advisory provided for raw or undercooked foods. Disclosure and reminder provided on menu.
- 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: (IN) Establishment does not allow smoking inside facility.
- 58: (IN): Tobacco products not sold at establishment.

## Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

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

Establishment Name: Cafe on the Corner				
Establishment Number: 605245609				
Comments/Other Observations (cont'd)				
4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Additional Comments (cont'd)				
See last page for additional comments.				

Establishment Information

Establishment Information							
Establishment Name: Cafe on the Corner							
Establishment Number #:	605245609						
Sources							
Source Type:	Food	Source:	Approved sources noted				
Source Type:	Water	Source:	Public				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Additional Comment	s						