#### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Carlor Provide State	1.64		A. C.																	
Esta	abisi	nee	t Nar		Papa Johr	าร						-				O Farmer's Market Food Unit				
Add	iress				2700 S. Bi	road St. Suite-1	144					тур	Xe of E	Establ	snme	O Temporary O Seasonal				
City	,				Chattanoo	ga	Time in	11	.:30	D A	M	A	M/P	и та	me oi	ат 12:00: РМ АМ / РМ				
		n Da			10/13/20	022 Establishment							d 0							
			spect		O Routine	Follow-up	O Complaint			O Pro					0.000	nsultation/Other				
				JOH	_						20071071	ary					nber of Se		0	
ROSP	k Cat	egon R	r	act	O1 ors are food p	reparation practice	O3 s and employee	beha		04 mo	st c	omin	only			up Required O Yes 🕱 No Nur I to the Centers for Disease Control and			_	
				as c	ontributing fa											control measures to prevent illness or in	jury.			
		(14	rk de	algaat	ted compliance st											INTERVENTIONS ach item an applicable. Deduct points for category o	r subcateg	ery.)		
IN	⊧in c	ompii	ance			iance NA=not applicabl	e NO=not observe	ed COS	L D I		\$=co	recte	d on-si	ite duri	ing ins	pection R*repeat (violation of the same co Compliance Status			рТ	WT
	IN	OUT	NA	NO		Supervision		000	- 1		h	IN	OUT	NA	NO	Cooking and Roberting of Time/Tempera	_		~ 1	
1	鬣	0			Person in charg performs duties	e present, demonstrates	s knowledge, and	0	0	5	16	0	0			Control For Safety (TCS) Foods Proper cooking time and temperatures		<u></u>		
			NA	NO		Employee Health		_				ŏ	ŏ	Â		Proper reheating procedures for hot holding		응	ŏ	5
	XX	0				d food employee aware striction and exclusion	ness; reporting	8	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Ti a Public Health Control	me as			
÷		-	NA	NO		lood Hygienic Practi		-			18	0	0	x	0	Proper cooling time and temperature		न	ा	_
4	黨	0				asting, drinking, or tobac		<u>o</u>	0	5	19 20	0	0	2	0	Proper hot holding temperatures		8	응	
	IN	OUT	NA			om eyes, nose, and mou nting Contamination		-				25		8	0	Proper cold holding temperatures Proper date marking and disposition		허	허	5
	黨	0				d properly washed	facts or approved	0	-	5	22	0	0	X	0	Time as a public health control: procedures and re	cords	0	0	
7	83	0	0	0	alternate proced	ontact with ready-to-eat dures followed	toods or approved	0	0	· ·		IN	OUT	NA	NO	Consumer Advisory			_	
8	X	읈	NA	NO	Handwashing si	nks properly supplied an Approved Source		0	0	2	23	0	0	氮		Consumer advisory provided for raw and underco food	oked	0	0	4
9	黨	0				rom approved source			0			IN	OUT	NA	NO	Highly Susceptible Populations		_	-	
	0		0	×		t proper temperature indition, safe, and unadu	ilterated	8	0	5	24	0	0	X		Pasteurized foods used; prohibited foods not offer	ed	0	0	5
	õ	ŏ	×	0	Required record	s available: shell stock t		ō	ŏ			IN	OUT	NA NO Chemicals					-	
H	IN		NA	NO	destruction Pref	tection from Contam	ination				25	0	0	X		Food additives: approved and properly used		ा	ा	
		0			Food separated				0	_	26	篾	0			Toxic substances properly identified, stored, used		<u> </u>	0	•
	_	0	0			infaces: cleaned and san				5		_		NA	NO	Conformance with Approved Procedur Compliance with variance specialized process a		- 1		
15	5 🔅 O Proper disposition of unsafe food, returned food not re- served of O O 2 27 O O 2 Compliance with variance, specialized process, and O O 5																			
				Goo	d Retail Prac	tices are preventive	e measures to co	ontro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects into fe	ods.			
								GOO	D R	at/Al	L PR	ACT	1CE	3						
				00	T=not in complianc	e mpliance Status	COS=corre		R		inspe	ction				R-repeat (violation of the same code pr Compliance Status		voet	<b>D</b> T	WT
		OUT				e Food and Water			~			0	UT			Utensils and Equipment			~ 1	
	8 9				ed eggs used who lice from approv			8	8	1	4	5 (				nfood-contact surfaces cleanable, properly design and used	ed,	0	0	1
_	10	0			obtained for spec	ialized processing meth		ŏ	ŏ	1	4	s 5	-			g facilities, installed, maintained, used, test strips		0	0	1
_	_	OUT	Dree			Temperature Control		1	Г	_	4		_			tact surfaces clean		_	<del> </del>	1
3	и	0	contr		ung metriods us	ed; adequate equipmen	c to temperature	0	0	2	F	_	UT		2.001	Physical Facilities		-	-	
_	2				properly cooked				0	1	4					water available; adequate pressure		읽		2
_	13 14		<u> </u>		thawing methods eters provided an			8	0	1	4	_	_			italied; proper backflow devices waste water properly disposed		_	응	2
		OUT				od identification		Ť			5	_	-			s: properly constructed, supplied, cleaned			ŏ	1
3	5	0	Food	i prop	erly labeled; orig	inal container; required r	records available	0	0	1	5	2	<b>0</b>   G	larbag	e/refi	use properly disposed; facilities maintained		0	이	1
		OUT			Prevention	n of Food Contamina	tion				5	_	_			lities installed, maintained, and clean		_	<u> </u>	1
3	6	×	Insec	cts, ro	dents, and anima	als not present		0	0	2	5	4 (	0 A	dequa	ste ve	ntilation and lighting; designated areas used		이	이	1
3	7	0	Cont	amina	ation prevented d	during food preparation,	storage & display	0	0	1		0	UT			Administrative Items				
	8	-	-		leanliness	d and stored		0	0	1	5					nit posted		0	읽	0
	:9 10			<u> </u>	ths; properly use ruits and vegetab			8	0	1	5	9   I	<u>0</u> [M	iost re	cent	Compliance Status	- 1	O ÆS	NO	WT
		OUT			Prop	er Use of Utensils										Non-Smokers Protection Act			-	
	1				nsils; properly sto quipment and lin	ored ens; properly stored, dri	ied, handled		8		5	8				with TN Non-Smoker Protection Act ducts offered for sale		8	8	0
_	3	0	Sing	e-use		rticles; properly stored,		0	8	1	5	9				oducts are sold, NSPA survey completed		ō	Ō	
						-				_			1.5.5			Received address of the lateral set of the	L la construction	lan i		
serv	ice e	stablis	hmer	t perm	nit. Items identified	as constituting imminent	health hazards shall b	e corre	cted is	mmedi	ately	or op	eration	is shall	l ceas	Repeated violation of an identical risk factor may resul e. You are required to post the food service establishm	ent permit i	n a ce	mspi	cuous
man repo	nera et. T	C.A.	st the rection	most ns 68-	14-7/2, 68-14-706, 6	report in a conspicuous ma 8-14-708, 68-14-709, 68-14-	rmer. You have the rig 711, 68-14-715, 68-14-7	ne to r 16, 4-5	aques 320.	t a her	ring r	egard	-	<u> </u>		lling a written request with the Commissioner within ten	(10) days o	f the	date	of this
/		$\mathcal{V}$	1	$ \mathbf{f} $	×.		10/1	13/2	022	>		(	4	h	$\bigcap$	( Ar	1(	)/1:	3/2	022
					-		- 10/ -			-					• •		- · ·	~· '		

Signature	of F	Person	In Charg	)e
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Date Signature of Environmental Health Specialist

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Date

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

Free food safety training classes are available each month at the county health department. Please call ( ) 4232098110 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

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



#### Establishment Information

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Establishment Name: Papa Johns Establishment Number #: 605249822

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.					
	<u> </u>				

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						

quipment l'emperature							
Decoription	Temperature (Fahrenheit)						

ecoription	State of Food	Temperature ( Fahrenheit

Observed Violations		
Total # 4 Repeated # ()		
Repeated # 0		
36:		
46:		
+0.		
17:		
53:		

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



#### Establishment Information

Establishment Name: Papa Johns Establishment Number: 605249822

Comments/Other Observations	
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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: Papa Johns

Establishment Number: 605249822

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Papa Johns Establishment Number # 605249822

Sources		
Source Type:	Source:	

### Additional Comments

\*\*Priorityitems # 2,6 corrected. See original report dated 10/4/22.\*\*