

Establishment Name

Address

Risk Category

# FOO

|   | TENNES: | SEE DEPA       | RTMENT | OF HEALTH  |        |
|---|---------|----------------|--------|------------|--------|
| D | SERVICE | <b>ESTABLI</b> | SHMENT | INSPECTION | REPORT |

O Farmer's Market Food Unit

Permanent O Mobile Type of Establishment

Follow-up Required

O Temporary O Seasonal

O Yes 🕱 No

SCORE

Hixson City

Glen Gene Deli

5748 Hwy 153

Time in 02:25 PM AM/PM Time out 03:05: PM AM/PM

07/11/2022 Establishment # 605186942 Embargoed 0 Inspection Date

**K**Routine O Follow-up O Preliminary Purpose of Inspection O Complaint O Consultation/Other О3

Number of Seats 110

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 11 | <b>∉</b> -in c | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | ed  |   | c  |
|----|----------------|-------|------|----|---|-----|---|----|
|    |                |       |      |    | Compliance Status   | cos | R | WT |
|    | IN             | OUT   | NA   | NO | Supervision   |     |   |    |
| 1  | 盔              | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5  |
|    | IN             | OUT   | NA   | NO | Employee Health   |     |   |    |
| 2  | -MC            | 0     |      |    | Management and food employee awareness; reporting   | 0   | 0 | _  |
| 3  | ×              | 0     |      |    | Proper use of restriction and exclusion   | 0   | 0 | 5  |
|    | IN             | OUT   | NA   | NO | Good Hygienic 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  | 100            | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |    |
| 7  | 巡              | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5  |
| 8  | <b>X</b>       | 0     |      |    | Handwashing sinks properly supplied and accessible  | 0   | 0 | 2  |
|    | IN             | OUT   | NA   | NO | Approved Source   |     |   |    |
| 9  | 200            | 0     |      |    | Food obtained from approved source  | 0   | 0 |    |
| 10 | 0              | 0     | 0    | 3% | Food received at proper temperature   | 0   | 0 |    |
| 11 | X              | 0     |      |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5  |
| 12 | 0              | 0     | ×    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |    |
|    | IN             | OUT   | NA   | NO | Protection from Contamination   |     |   |    |
| 13 | ×              | 0     | 0    |    | Food separated and protected  | 0   | 0 | 4  |
| 14 | X              | 0     | 0    |    | Food-contact surfaces: cleaned and sanitized  | 0   | 0 | 5  |
| 15 | ×              | 0     |      |    | Proper disposition of unsafe food, returned food not re-<br>served                        | 0   | 0 | 2  |

|    | Compliance Status |     |    |     |   |   |   | WT |
|----|-------------------|-----|----|-----|---|---|---|----|
|    | IN                | OUT | NA | NO  | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |   |   |    |
| 16 | 0                 | 0   | 0  | 寒   | Proper cooking time and temperatures  | 0 | 0 | 5  |
| 17 | 0                 | 0   | 0  | 300 | Proper reheating procedures for hot holding                                 | ō | 0 | 9  |
|    | IN                | оит | NA | NO  | Cooling and Holding, Date Marking, and Time as<br>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 | 243               | 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<br>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   | X  |     | Food additives: approved and properly used                                  | 0 | 0 | 5  |
| 26 | 黨                 | 0   |    |     | Toxic substances properly identified, stored, used                          | 0 | 0 | 3  |
|    | IN                | OUT | NA | NO  | Conformance with Approved Procedures  |   |   |    |
| 27 | 0                 | 0   | ×  |     | Compliance with variance, specialized process, and<br>HACCP plan            | 0 | 0 | 5  |

L PRACTICES

|    |                            |  | GOO |   |     |
|----|----------------------------|--|-----|---|-----|
|    |                            | OUT=not in compliance COS=corr   |     |   |     |
|    |                            | Compliance Status  | cos | R | W   |
|    | OUT                        | Caro rocc and comes  | _   |   | _   |
| 28 | 0                          | Pasteurized eggs used where required                                       | 0   | 0 | 1   |
| 29 | 0                          |  | 0   | 0 | 12  |
| 30 | 0                          | Variance obtained for specialized processing methods                       | 0   | 0 | 1   |
|    | OUT                        | Food Temperature Control   |     | _ |     |
| 31 | 0                          | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | 2   |
| 32 | 0                          | Plant food properly cooked for hot holding                                 | 0   | 0 | 1   |
| 33 | 0                          | Approved thawing methods used  | 0   | 0 | ,   |
| 34 | 0                          | Thermometers provided and accurate   | 0   | 0 | 1   |
|    | 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 | 0                          | Contamination prevented during food preparation, storage & display         | 0   | 0 | 1   |
| 38 | 0                          | Personal cleanliness   | 0   | 0 | r   |
| 39 | 0                          | Wiping cloths; properly used and stored                                    | 0   | 0 | _   |
| 40 | 0                          | Washing fruits and vegetables  | 0   | 0 | ļ , |
|    | OUT Proper Use of Utensils |  |     |   |     |
| 41 | 0                          | In-use utensils; properly stored   | 0   | 0 | Γ.  |
| 42 | 0                          | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 | ,   |
| 43 | 0                          |  | 0   | 0 | r   |
| 44 |                            | Gloves used properly   | 0   | 0 |     |

| pecti |     | R-repeat (violation of the same code provision)  Compliance Status                       | cos | R  | W   |
|-------|-----|--|-----|----|-----|
|       | OUT | Utensiis and Equipment   | 000 |    |     |
| 45    | Ħ   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0   | 0  | 1   |
| 46    | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0   | 0  | 1   |
| 47    |     |  | 0   | 0  | 1   |
|       | OUT |  |     |    |     |
| 48    | 0   | Hot and cold water available; adequate pressure  | 0   | 0  | -:  |
| 49    | 0   | Plumbing installed; proper backflow devices  | 0   | 0  | -:  |
| 50    | 0   | Sewage and waste water properly disposed   | 0   | 0  | - : |
| 51    | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0   | 0  | _   |
| 52    | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0   | 0  | 1   |
| 53    | 2%  | Physical facilities installed, maintained, and clean                                     | 0   | 0  | -   |
| 54    | 0   | Adequate ventilation and lighting; designated areas used                                 | 0   | 0  |     |
|       | OUT | Administrative Items   |     |    |     |
| 55    | 0   | Current permit posted  | 0   | 0  | П   |
| 56    | 0   | Most recent inspection posted  | 0   | 0  | '   |
|       |     | Compliance Status  | YES | NO | V   |
|       |     | Non-Smokers Protection Act   |     |    |     |
| 57    |     | Compliance with TN Non-Smoker Protection Act   | 100 | 0  |     |
| 58    |     | Tobacco products offered for sale  | 0   | 0  | ١ ١ |
| 59    |     | If tobacco products are sold, NSPA survey completed                                      | 0   | 0  |     |

n (10) days of the date of the

07/11/2022

Date Signatu

07/11/2022

Signature of Person In Charge

\*\*\*\* 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) RDA 629 ) 4232098110 Please call (

Date

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



#### Establishment Information

Establishment Name: Glen Gene Deli Establishment Number #: 1605186942

| NSPA Survey | <ul> <li>To be of</li> </ul> | completed | l if #57 | 7 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<br>Dish machine | Quat<br>Chlorine | 400<br>100 |                           |  |  |  |  |

| Equipment Temperature |                          |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|
| Description           | Temperature ( Fahrenheit |  |  |  |  |  |
|                       |                          |  |  |  |  |  |
|                       |                          |  |  |  |  |  |
|                       |                          |  |  |  |  |  |
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|                       |                          |  |  |  |  |  |

| Food Temperature          |               |                           |
|---------------------------|---------------|---------------------------|
| Description               | State of Food | Temperature ( Fahrenheit) |
| Milkshake mix             | Cold Holding  | 40                        |
| Steak                     | Hot Holding   | 148                       |
| Cooked peppers and onions | Hot Holding   | 159                       |
| Tuna Salad                | Cold Holding  | 39                        |
| Chicken salad             | Cold Holding  | 40                        |
| Cut toms                  | Cold Holding  | 41                        |
| Cut toms                  | Cold Holding  | 41                        |
| Burger                    | Hot Holding   | 137                       |
| Raw burger                | Cold Holding  | 39                        |
| Raw steak                 | Cold Holding  | 39                        |
|                           |               |                           |
|                           |               |                           |
|                           |               |                           |
|                           |               |                           |
|                           |               |                           |

| Observed Violations  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Total # 2  |  |  |  |  |  |  |  |
| Repeated # ()  |  |  |  |  |  |  |  |
| 45: Shelves in front standup cooler in poor repair.                    |  |  |  |  |  |  |  |
| 53: Build up around ceiling vents, dirty on wall behind butter machine |  |  |  |  |  |  |  |
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<sup>\*\*\*</sup>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: Glen Gene Deli Establishment Number: 605186942

## Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 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: Hands washed
- 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: Approved
- 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.
- 19: See food temps
- 20: See food temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Using clipboard to track time for burger station.
- 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.

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

| tabilahmant Number - COTACCOAC        |  |
|---------------------------------------|--|
| tablishment Number: 605186942         |  |
|                                       |  |
| omments/Other Observations (cont'd)   |  |
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| ee last page for additional comments. |  |
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Establishment Information

| Establishment Information   |             |         |            |  |  |  |  |  |  |
|---|-------------|---------|------------|--|--|--|--|--|--|
| Establishment Name: Gler  | n Gene Deli |         |            |  |  |  |  |  |  |
| THE RESIDENCE OF THE PROPERTY | 605186942   |         |            |  |  |  |  |  |  |
| 7   |             |         |            |  |  |  |  |  |  |
| Sources   |             |         |            |  |  |  |  |  |  |
| Source Type:  | Water       | Source: | HUD        |  |  |  |  |  |  |
| Source Type:  | Food        | Source: | Sysco, pfg |  |  |  |  |  |  |
| Source Type:  |             | Source: |            |  |  |  |  |  |  |
| Source Type:  |             | Source: |            |  |  |  |  |  |  |
| Source Type:  |             | Source: |            |  |  |  |  |  |  |
| Additional Comment  | s           |         |            |  |  |  |  |  |  |
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