## TENNESSEE DEPARTMENT OF HEALTH

SCORE

(ACARCULTURE )			1		FOOD SERVICE ESTABLISHMENT INSPECTION REPORT								SCORE							
ß		and a																		
Establishment Name			Krystal CHNF08 O Fermer's Merket Food Unit						9	C										
Address					621 Signal Mtn. Rd. Type of Establishment O Temporary O Seasonal															
City				Ċ	Chattanooga	a	Time in	11	1.1	0 A	M			м ть	<b>200</b> 01	t <u>12:00; PM</u> AM / PM				
					0										ne or	a <u>12.000</u> , <u>1111</u> AM/PM				
		n Da				23 Establishment #		2		_	Embe		d L			l				
Purp	ose	of In	specti	on	Routine	O Follow-up	O Complaint			O Pr	elimin	ary		0	Cor	nsultation/Other				
Risk	Cat	egon			01	<b>3</b> 82	<b>O</b> 3			<b>O</b> 4						up Required 🛛 Yes 🕱 No	Number of S	eats	38	
		_														I to the Centers for Disease Cont control measures to prevent illu		tion		
																INTERVENTIONS				
18.5	in ar								ite no							ach Hem as applicable. Deduct points for e				
IN	un ca	ompili	ance		OUT=not in complian Comp	pliance Status	NO=not observe	COS	R			necie	d on-s	she gun	ng ins	pection R=repeat (violation of the Compliance Status			R	WT
	IN	ουτ	NA	_		Supervision						IN	ουτ	NA	NO	Cooking and Roberting of Time/				
1	鬣	0			Person in charge p performs duties	resent, demonstrates k	nowledge, and	0	0	5	16	0	0	0	*	Control For Safety (TCS) I Proper cooking time and temperatures	reeds	0	0	
	1.1.1		NA	NO		Employee Health	or reporting	~			17		Ó		X	Proper reheating procedures for hot hold	-	00	0	•
23		ŏ		1		lood employee awarene iction and exclusion	ss, reporting	ŏ	0	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking a Public Health Contr				
	IN		NA	NO	Geo	od Hygionic Practice	15					0	0			Proper cooling time and temperature		0	0	
4	X	0	-			ing, drinking, or tobacco eyes, nose, and mouth		0	0	5	19 20		0	0	0	Proper hot holding temperatures Proper cold holding temperatures		0	00	
	IN	OUT	NA	NO	Preventi	ng Contamination by						X			0	Proper date marking and disposition		ŏ	ŏ	5
_		_	-	_	Hands clean and p No bare hand cont	roperly washed act with ready-to-eat for	ods or approved	0	-	5	22	0	0	×	0	Time as a public health control: procedu	res and records	0	0	
	×	0	0	0	alternate procedure	es followed		0	0	_		IN	OUT	NA	NO	Consumer Advisory			_	
	IN	OUT	NA	NO		s properly supplied and Approved Source	accessiole		0	2	23		0	0		Consumer advisory provided for raw and food		0	0	4
			0		Food obtained from Food received at p				0			IN	OUT	-	NO	Highly Susceptible Popula			_	
11			_		Food in good cond	ition, safe, and unadulte		ŏ	0	5	24	0	<u> </u>	×		Pasteurized foods used; prohibited foods	s not offered	0	٥	5
	- 1	0	×	0	destruction	rvailable: shell stock taç		0	0			IN	OUT		NO	Chemicals				
13			NA	NO	Protect Food separated an	tion from Contamin d protected	ation	0	0	4	25	0 戻	8	X		Food additives: approved and properly u Toxic substances properly identified, sto		0	읭	5
14	X	Ō				ces: cleaned and saniti			Õ			IN	OUT	NA	NO	Conformance with Approved P	rocedures			
15	8	0			Proper disposition served	of unsafe food, returned	food not re-	0	0	2	27	0	0	窝		Compliance with variance, specialized p HACCP plan	rocess, and	0	٥	5
				Gaa	d Retail Practic	es are preventive :	mensures to co	atro	l the	inte	oduc	tion		atho		, chemicals, and physical object	a into fooda			
											L PR		_		_	, one of the bulleton of the				
				001	Inot in compliance		COS=corre	cted o	n-site	during				0		R-repeat (violation of the sam				
_		OUT				Food and Water		COS	R	WT		10	UT			Compliance Status Utensils and Equipment		cos	R	WT
2	_	0	Paste	urize	d eggs used where	required		0	0	1	4	_	er F			nfood-contact surfaces cleanable, proper	fy designed,	0	0	1
2	_				ice from approved btained for specials	zed processing method	5	8	0	2	$\vdash$	+	- 1			and used g facilities, installed, maintained, used, te	et etrice	0	0	1
		ουτ	_			mperature Control	a tampa antura			_		-	_			tact surfaces clean	ərən hə	0	0	1
3	1	0	contro		ning metricas usea,	; adequate equipment fr	ortemperature	0	0	2	F	0	UT			Physical Facilities		-	-	
3	_				properly cocked for hawing methods us			8	8	1	4					water available; adequate pressure stalled; proper backflow devices		8	읭	2
3	_				ters provided and a			ŏ	ŏ	1	5	_				waste water properly disposed		ŏ	허	2
		OUT			Food	Identification			_				0 1	oilet fa	cilitie	s: properly constructed, supplied, cleane	d	0	0	1
3		٥	Food	prope		I container; required rec		0	0	1			-	-		use properly disposed; facilities maintaine	d	0	0	1
OUT Prevention of Feed Contamination		×n	0	0	2		_	-			lities installed, maintained, and clean ntilation and lighting; designated areas ut	sed	0	0	1					
36 O Insects, rodents, and animals not present			-	+ +	_	F	-	-	-usque	10 VC		~~	-	-						
3	_	_		amination prevented during food preparation, storage & display O O 1 OUT Administrative items			<b>C</b> 1	<b>C</b> '												
38 O Personal cleanliness 39 O Wiping cloths; properly used and stored		0	0	1		_	Current permit posted     Most recent inspection posted			8	8	0								
4	0	0		×	uits and vegetables	5			ŏ		Ľ	Compliance Status					WT			
4		OUT	Investo	uter	Proper sils: properly store	Use of Utensils		0		-	-	7	-	omoli	1000	Non-Smokers Protection / with TN Non-Smoker Protection Act		ж	01	

Signature of Person In Charge	Date	Signature of Environmental Health Specialist
	**** Additional food safety information can be found on our	website, http://tn.gov/health/article/eh-foodservice ****

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her and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this rt. T.C.A. sections 68-14-703, 68-14-705, 68-14-708, 68-14-715, 78-14-715, 78-14-715, 78-14-715, 78-14-715, 78-14-715, 78-14-71

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10/31/2023

rmit. Repeated violation of an identical risk factor may result in revocation of your foor cease. You are required to post the food service establishment permit in a conspicuou

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10/31/2023

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Date

Compliance with TN Non-Smoker Protection Act Tobacco products offered for sale

If tobacco products are sold, NSPA survey completed

 OUT
 Proper Use of Utensils

 41
 O
 In-use utensils; properly stored

 42
 O
 Utensils, equipment and linens; properly stored, dried, handled

 43
 O
 Single-use/single-service articles; properly stored, used

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correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishm tablishment permit, items identified as constituting imminent health hazards shall be corrected immediately or operation

44 O Gloves used properly

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PH-2267 (Rev. 6-15)	Free food safety training cla	asses are available each mo	nth at the county health department.	RDA 629
(19220) (1004. 0-10)	Please call (	) 4232098110	to sign-up for a class.	NDA 025

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



#### Establishment Information

Establishment Name: Krystal CHNF08 Establishment Number #: 605261602

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)			
Sani bucket Three comp sink	QA QA	200 200				

Equipment Temperature				
Description	Temperature (Fahrenheit)			
Walk in	37			

Food Temperature				
Description	State of Food	Temperature (Fahrenheit)		
Hamburger	Hot Holding	183		
Milk-1 dr reach in	Cold Holding	38		
Chili	Hot Holding	138		
Chicken	Hot Holding	138		
Hot dog	Hot Holding	157		
Hot dog-1 dr reach in	Cold Holding	41		
Raw shell eggs-walk in	Cold Holding	38		
Milk-walk in	Cold Holding	37		
Raw bacon-1 dr upright	Cold Holding	41		

Observed	Viol	ations
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Total #

Repeated # ()

45: Gaskets on french fry freezer are in poor repair. Repair or replace gaskets.

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



#### Establishment Information

Establishment Name: Krystal CHNF08

Establishment Number : 605261602

#### Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: (IN) Employees are aware of the symptoms on the illness policy.
- 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 proper handwashing by employees.

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 obtained from approved source
- 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 TCS foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No TCS foods observed cooling during inspection.
- 19: (IN) Hot holding temperatures are held at 135F or above
- 20: (IN) Cold holding temperatures are held at 41F or below
- 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: On menu board
- 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.

### Establishment Information

Establishment Name: Krystal CHNF08

Establishment Number : 605261602

Comments/Other Observations (cont'd)

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

# Establishment Information Establishment Name: Krystal CHNF08

Establishment Number # 605261602

Sources			
Source Type:	Food	Source:	US Foods
Source Type:	Water	Source:	Water is from approved source
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

#### Additional Comments