TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Esta			t Nar	ne	Starbucks 701 Signa								Тур	e of E	Establi	shme	Farmer's Market Food Unit Semmanent O Mobile O Temporary O Seasonal	8	3	
					Chattanoo				10	<u></u> ∧	5 5									
City						•				2.4			-			ne ou	и 01:15: РМ АМ / РМ			
Insp	ectio	n Da	ate	i	11/08/20	JZL Estat	blishment#	60530307	1		_	Emba	rgoe	d 0						
Purp	ose	of In	spec	tion	Routine	O Follow	rup	O Complaint			O Pro	limin	ary		0	Cor	nsuitation/Other			
Risk	Cat	legor	У		篇1	02		O 3			O 4				Fo	ilow-	up Required O Yes 質 No Number of	Seats	55	5
		R	isk I														I to the Centers for Disease Control and Preve control measures to prevent illness or injury.	ntion		
																	INTERVENTIONS			
				algaat						Bens							ach Hem as applicable. Deduct points for category or subce)	
IN	un c	ompli	ance		OUT=not in compl Co	mpliance St		NO=not observe	cos	R		5=00	recte	d on-s	ne dun	ng ins	pection R=repeat (violation of the same code provi Compliance Status		R	WT
	IN	ουτ	NA	NO		Superv	dalon						IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature			
1	鬣	0			Person in charge performs duties		ionstrates kno	owledge, and	0	0	5	16	0	0	0	X	Control For Safety (TCS) Foods Proper cooking time and temperatures	0		
			NA	NO		Employee							ŏ	ŏ	ŏ		Proper reheating procedures for hot holding	ŏ	00	5
	X X	0			Management an Proper use of re			s; reporting	6	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
_			NA	NO	,	lood Hygieni		1	Ĕ	Ŭ	Ч	18	0	0	0	<u>X3</u>	Proper cooling time and temperature	0	О	_
4	10	0		0	Proper eating, ta			use	0	0	5	19	0	0	0	X	Proper hot holding temperatures	0	0	
-	副目		NA		No discharge fro Preve	nting Contam		Hands	0	0	-	20	14	00	8	0	Proper cold holding temperatures Proper date marking and disposition		8	5
6	×	0			Hands clean and No bare hand co			te or approval	_	0			0	0	X	0	Time as a public health control: procedures and records	0	0	
7	鬣	0	0	0	alternate proced	dures followed			0	0	Ů		IN	OUT	NA	NO	Consumer Advisory			
	N IN		NA		Handwashing si	nks properly su Approved		ccessible	0	0	2	23	0	0	黛		Consumer advisory provided for raw and undercooked food	0	0	4
	嵐				Food obtained fr					0			IN	OUT	NA	NO	Highly Susceptible Populations	\square		
10 11			0	24	Food received a Food in good co			ated	8	0	5	24	0	0	22		Pasteurized foods used; prohibited foods not offered	0	0	5
	0	0	×	0	Required record destruction	is available: sh	ell stock tags,	, parasite	0	0			IN	OUT	NA	NO	Chemicals			
				NO	Prot	tection from		tion				25	0	0	X		Food additives: approved and properly used	0	0	5
		0	0		Food separated Food-contact su			d		0		26	<u>≋</u> ∎	O	NA	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures	<u> </u>	0	
15	_		-	,	Proper disposition served	on of unsafe fo	od, returned f	food not re-	-		2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5
	_			_					-									_		
				Goo	d Retail Pract	tices are pro	eventive m	easures to co								gens	, chemicals, and physical objects into foods.			
				00	Penot in compliance	e		COS=corre			during			ICE	5		R-repeat (violation of the same code provision)			
	_	0.07	_		Cor	mpliance St				R		É					Compliance Status	COS	R	WT
2	8	OUT	_	eurize	d eggs used whe	e Feed and V ere required	vator			0		4		υτ Ο ^{Fi}	ood ar	nd no	Utensils and Equipment nfood-contact surfaces cleanable, properly designed,	0	0	1
2	_				ice from approve obtained for speci		ing methods		8	0	2	\vdash	+	- 0			and used	-		-
	-	OUT				Temperature						4		_			g facilities, installed, maintained, used, test strips	0	0	1
3	1	ο	Prop		oling methods us	ed; adequate e	equipment for	temperature	0	0	2	4	_	O N UT	lonfoo	d-con	tact surfaces clean Physical Facilities	0	0	1
3	_		Plan	t food	properly cooked		1			0	1	4	8 (0 1			water available; adequate pressure	0		2
3	_	_			thawing methods sters provided an				8	0	1	49	_	_			talled; proper backflow devices waste water properly disposed	0	0	2
		OUT				od identifica	tion		Ľ		_	5					is: properly constructed, supplied, cleaned		ŏ	1
3	5	0	Food	i prop	erly labeled; origi	inal container;	required reco	rds available	0	0	1	5	2 (0 G	larbag	e/refi	use properly disposed; facilities maintained	0	0	1
		OUT			Prevention	n of Feed Co	ntamination	1				5	_		hysica	I faci	lities installed, maintained, and clean	0	0	1
3	6	0	Inse	cts, ro	dents, and anima	als not present			0	0	2	5	• •	0 A	dequa	ite ve	ntilation and lighting; designated areas used	0	0	1
3	7	22	Cont	amina	ition prevented d	during food pres	paration, stora	age & display	0	0	1		0	υτ			Administrative items			
3	_	-			leanliness				0	0	1	5					nit posted	0	0	0
3	_			_	ths; properly use ruits and vegetat					0		-54	\$ 2	<u>s</u> N	lost re	cent	inspection posted Compliance Status	O YES		WT
		OUT			Prop	er Use of Ut	ensils			· · ·			1				Non-Smokers Protection Act			
4	_				nsils; properly sto quipment and lin		tored, dried.	handled		8	1	5	8				with TN Non-Smoker Protection Act ducts offered for sale	0	0	0
4	3	25	Sing	le-use	/single-service a ed properly				0	8	1	5	5				oducts are sold, NSPA survey completed	Ō		
	_		-			e litanae salatilae tor	n (40) days are	a can di la come co	-			a de la de		dell'en e	nant -	-	Repeated violation of an identical risk factor may result in rev	-	of the	
servi	ce er	stablir	shmer	st perm	nit. Items identified	I as constituting	imminent heal	Ith hazards shall b	e corre	cted i	mmed	ately	or ope	mation	ts shall	ceas	Repeated violation of an identical risk factor may result in rev e. You are required to post the food service establishment per lling a written request with the Commissioner within ten (10) da	nit in a c	consp	icuous
repo					4-103, 68-14-706, 6						a a 1984	ang r	ogard		а теро		a within request with the Commissioner within ten (10) da	in or the	- date	01095
	ン	a		ú	- A			11/0)8/2	021	L)	\geq		\supset	1	11/0	8/2	2021
Sigr	natu	re of	Pers	on In	Charge					[Date	Sig	natu	re of	Envir	onme	ental Health Specialist			Date

****	* Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****
	Free feed and show the later shows and south the same month of the source to be block down to sate

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 629		
	Please call () 4232098110	to sign-up for a class.	101.025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: Starbucks Coffee #56905 Establishment Number #: 605303071

ISPA Survey – To be completed if #57 is "No"	
ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older.	
ge-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.	
arage type doors in non-enclosed areas are not completely open.	
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
Triple sink Dish machine	QA High temp	250 163						

Equipment l'emperature	
Description	Temperature (Fahrenheit)

Description	State of Food	Temperature (Fahrenheit
Whipping cream	Cold Holding	40
Skim milk	Cold Holding	39
2% milk	Cold Holding	39
Cooked egg	Cold Holding	39
Half and half	Cold Holding	39

		_
Observed V	/iolations	
Total # 4		
Repeated # (
37: Boxes	s of food items stored on floor. Must be at least 6 inches off of floo e use items stored on floor in dry storage. Must be at least 6 inche	

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Starbucks Coffee #56905

Establishment Number : 605303071

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.

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: Proper 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 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) 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: (NO) TCS food is not being held hot during inspection.
- 20: Proper cold holding temperatures observed.
- 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: (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.

Establishment Information

Establishment Name: Starbucks Coffee #56905 Establishment Number: 605303071

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Starbucks Coffee #56905 Establishment Number #: 605303071

Sources				
Source Type:	Water	Source:	Public	
Source Type:	Food	Source:	Public	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments