



TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

91

Establishment Name Krystal CHN010 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile

Address 4868 Hixson Pike ☐ Temporary ☐ Seasonal

City Hixson Time in 08:35 AM AM / PM Time out 09:25 AM AM / PM

Inspection Date 08/10/2023 Establishment # 605304870 Embargoed 0

Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☒ Yes ☐ No Number of Seats 62

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=In compliance						OUT=not in compliance						NA=not applicable						NO=not observed						COS=corrected on-site during inspection						R=repeat (violation of the same code provision)											
Compliance Status												COS			R			WT			Compliance Status												COS			R			WT		
Supervision																																									
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties										0	0	5																								
Employee Health																																									
2	IN	OUT	NA	NO	Management and food employee awareness, reporting										0	0	5																								
3	IN	OUT	NA	NO	Proper use of restriction and exclusion										0	0	5																								
Good Hygienic Practices																																									
4	IN	OUT	NA	NO	Proper eating, tasting, drinking, or tobacco use										0	0	5																								
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth										0	0	5																								
Preventing Contamination by Hands																																									
6	IN	OUT	NA	NO	Hands clean and properly washed										0	0	5																								
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternate procedures followed										0	0	5																								
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible										0	0	2																								
Approved Source																																									
9	IN	OUT	NA	NO	Food obtained from approved source										0	0	5																								
10	IN	OUT	NA	NO	Food received at proper temperature										0	0	5																								
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated										0	0	5																								
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction										0	0	5																								
Protection from Contamination																																									
13	IN	OUT	NA	NO	Food separated and protected										0	0	4																								
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized										0	0	5																								
15	IN	OUT	NA	NO	Proper disposition of unsafe food, returned food not re-served										0	0	2																								
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																																									
16	IN	OUT	NA	NO	Proper cooking time and temperatures										0	0	5																								
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding										0	0	5																								
Cooling and Holding, Date Marking, and Time as a Public Health Control																																									
18	IN	OUT	NA	NO	Proper cooling time and temperature										0	0	5																								
19	IN	OUT	NA	NO	Proper hot holding temperatures										0	0	5																								
20	IN	OUT	NA	NO	Proper cold holding temperatures										0	0	5																								
21	IN	OUT	NA	NO	Proper date marking and disposition										0	0	5																								
22	IN	OUT	NA	NO	Time as a public health control: procedures and records										0	0	5																								
Consumer Advisory																																									
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food										0	0	4																								
Highly Susceptible Populations																																									
24	IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered										0	0	5																								
Chemicals																																									
25	IN	OUT	NA	NO	Food additives: approved and properly used										0	0	5																								
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used										0	0	5																								
Conformance with Approved Procedures																																									
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan										0	0	5																								

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

OUT=not in compliance						COS=corrected on-site during inspection						R=repeat (violation of the same code provision)																													
Compliance Status												COS			R			WT			Compliance Status												COS			R			WT		
Safe Food and Water																																									
28	OUT	Pasteurized eggs used where required										0	0	1																											
29	OUT	Water and ice from approved source										0	0	2																											
30	OUT	Variance obtained for specialized processing methods										0	0	1																											
Food Temperature Control																																									
31	OUT	Proper cooling methods used; adequate equipment for temperature control										0	0	2																											
32	OUT	Plant food properly cooked for hot holding										0	0	1																											
33	OUT	Approved thawing methods used										0	0	1																											
34	OUT	Thermometers provided and accurate										0	0	1																											
Food Identification																																									
35	OUT	Food properly labeled; original container; required records available										0	0	1																											
Prevention of Food Contamination																																									
36	OUT	Insects, rodents, and animals not present										0	0	2																											
37	OUT	Contamination prevented during food preparation, storage & display										0	0	1																											
38	OUT	Personal cleanliness										0	0	1																											
39	OUT	Wiping cloths: properly used and stored										0	0	1																											
40	OUT	Washing fruits and vegetables										0	0	1																											
Proper Use of Utensils																																									
41	OUT	In-use utensils; properly stored										0	0	1																											
42	OUT	Utensils, equipment and linens; properly stored, dried, handled										0	0	1																											
43	OUT	Single-use/single-service articles; properly stored, used										0	0	1																											
44	OUT	Gloves used properly										0	0	1																											
Utensils and Equipment																																									
45	OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used										0	0	1																											
46	OUT	Warewashing facilities, installed, maintained, used, test strips										0	0	1																											
47	OUT	Nonfood-contact surfaces clean										0	0	1																											
Physical Facilities																																									
48	OUT	Hot and cold water available; adequate pressure										0	0	2																											
49	OUT	Plumbing installed; proper backflow devices										0	0	2																											
50	OUT	Sewage and waste water properly disposed										0	0	2																											
51	OUT	Toilet facilities: properly constructed, supplied, cleaned										0	0	1																											
52	OUT	Garbage/refuse properly disposed; facilities maintained										0	0	1																											
53	OUT	Physical facilities installed, maintained, and clean										0	0	1																											
54	OUT	Adequate ventilation and lighting; designated areas used										0	0	1																											
Administrative Items																																									
55	OUT	Current permit posted										0	0	0																											
56	OUT	Most recent inspection posted										0	0	0																											
Compliance Status																																									
												YES			NO			WT																							
Non-Smokers Protection Act																																									
57	OUT	Compliance with TN Non-Smoker Protection Act										0	0	0																											
58	OUT	Tobacco products offered for sale										0	0	0																											
59	OUT	If tobacco products are sold, NSPA survey completed										0	0	0																											

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner 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 report. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 08/10/2023 Signature of Environmental Health Specialist [Signature] Date 08/10/2023

**** 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:	Krystal CHN010
Establishment Number #:	605304870

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 (Fahrenheit)
Sani buckets and 3 sink	Quat	400	

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Chicken	Hot Holding	141
Chicken	Hot Holding	161
Chili	Hot Holding	164
Gravy	Hot Holding	147
Egg	Hot Holding	146
Hot dog	Cold Holding	31
Egg	Hot Holding	144
Milk	Cold Holding	40

Observed Violations

Total # 4

Repeated # 0

6: Observed employee cracking shell egg and changing gloves without washing hands.

41: Utensil stored in room temp standing water

49: Hand sink in poor repair

53: Ceiling dripping around air vents in several locations.

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Establishment Information

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Establishment Number : 605304870

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Employees familiar with posted 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.
- 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 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: All food cooked were eggs cooked under well done
- 17: (NO) No TCS foods reheated during inspection. All food reheated at time of inspection.
- 18: No cooling observed
- 19: All hot holding adequate
- 20: Adequate cold holding
- 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: Posted for eggs
- 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.

***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: Krystal CHN010

Establishment Number : 605304870

Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

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Establishment Number #:	605304870
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Sources

Source Type:	Food	Source:	Us foods
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Source Type:	Water	Source:	Public
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Source Type:	Source:
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Source Type:	Source:
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Source Type:	Source:
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Additional Comments