

Risk Category

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Follow-up Required

SCORE

O Farmer's Market Food Unit Steak N Shake #658 Permanent O Mobile Establishment Name Type of Establishment 5006 Crossing Cir O Temporary O Seasonal Address **Mount Juliet** Time in 01:25 PM AM / PM Time out 02:38: PM AM / PM City 04/23/2024 Establishment # 605198820 Embargoed 0 Inspection Date O Follow-up O Complaint O Preliminary Purpose of Inspection **K**Routine O Consultation/Other

Number of Seats 92

О3

#### RNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

12	¥=in ¢	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		X
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	×	٥			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	ЭX	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	°
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	0	寒		0	Hands clean and properly washed	0	0	
7	鼷	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	100	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	П
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	Ж	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	黛	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	×	0			Proper disposition of unsafe food, returned food not re-	0	0	2

	Compliance Status			cos	R	WT		
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	凝		0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	333	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as 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	250	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 food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	×		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	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

级 Yes O No

### s, chemicals, and physical objects into foods.

						IL PR
		OUT=not in compliance COS=con				
		Compliance Status	cos	R	WT	
	OUT					
28		Pasteurized eggs used where required	0	0	1	45
29		Water and ice from approved source	0	0	2	] [~
30	_	Variance obtained for specialized processing methods	0	0	1	46
	OUT	Food Temperature Control				1 [
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	2	47
32	0	Plant food properly cooked for hot holding	0	0	1	48
33	0	Approved thawing methods used	0	0	1	49
34	0	Thermometers provided and accurate	0	0	1	50
	OUT	Food Identification				51
35	0	Food properly labeled; original container; required records available	0	0	1	52
	OUT	Prevention of Food Contamination				53
36	0	Insects, rodents, and animals not present	0	0	2	54
37	0	Contamination prevented during food preparation, storage & display	0	0	1	
38	0	Personal cleanliness	0	0	1	55
39	0	Wiping cloths; properly used and stored	0	0	1	56
40	0	Washing fruits and vegetables	0	0	1	
	OUT	Proper Use of Utensiis		_		
41	0	In-use utensils; properly stored	0	0	1	57
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58
43	100	Single-use/single-service articles; properly stored, used	0	0	1	59
44		Gloves used properly	0	0	$\overline{}$	_

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

04/23/2024

04/23/2024

Date

\*\*\*\* 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: Steak N Shake #658
Establishment Number #: | 605198820

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 wenty-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.	
Sarage 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)				
Bucket	QA	300					
Hobart	CI	100					

Equipment Temperature						
Description	Temperature ( Fahrenheit)					
Atosa rif	-5					
Ric by drive thru	37					
Sandwich rail ric	38					
Hoshizaki rif	-4					

Food Temperature Description	State of Food	Temperature ( Fahrenheit
Burger patty raw	Cold Holding	37
Sliced tomatoes	Cold Holding	40
Spaghetti	Cold Holding	39
Chili	Hot Holding	140
Burger	Cooking	186

Observed Violations
Total # 4
Repeated # ()
6: Employee wiped gloved hands on apron and then handled burger buns
43: Burger boxes stored turned up on top,of sandwich cooler
45: Severely grooved cutting board at sandwich cooler
47: Bottom of rif in milkshake area dirty
The Bottom of the in minioriano area and

<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: Steak N Shake #658
Establishment Number: 605198820

### Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Discussed policy with pic
- 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: See source info
- 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: See food temps
- 17: (NO) No TCS foods reheated during inspection.
- 18: No food is being cooled 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: (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.

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

Establishment Name: Steak N Shake #658					
Establishment Number: 605198820					
Comments/Other Observations (cont'd)					
Additional Comments (cont'd)					
See last page for additional comments.					

Establishment Information

Establishment Infor				
Establishment Name: S Establishment Number #:				
Establishment (valide) #,	605198820			
Sources				
Source Type:	Food	Source:	CDI, Crown Bakery	
Source Type:	Water	Source:	City	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Comme	ents			