TENNESSEE DEPARTMENT OF HEALTH TARI ISHMENT INSPEC

| NAME OF | | | | | FOO | D SERVICE EST | ABL | ISH | IM | ENT | - 11 | S | PEC | TIC | DN REPORT | SCO | RE | | |
|----------|----------|----------|-------|------------|---|--|-----------------|------------------|-------------|---------|-------|-----------|----------|--------|--|---------------------------------|-----|----|----|
| - 1 1 | | *** · | | | Jackson Bakery | | | | | | | | | | Fermer's Market Food Unit W. Permanent O Mobile | 9 | | | |
| | | imen | t Nar | | 5862 Brainerd Ro | nad | | | | | Тур | e of E | Establi | shme | nt | J' | | | |
| | ress | | | | Chattanooga | | <u></u> | 1.7 | 1 Г | | | | | | O Temporary O Seasonal | | | | |
| City | | | | | | | _ | 1.2 | | | - | | | me ou | и <u>02:29</u> : <u>РМ</u> ам/рм | | | | |
| Insp | ectio | n Da | rte | | 01/12/2022 E | stablishment # 60524942 | 28 | | _ | Emba | rgoe | d 0 | | | | | | | |
| Puŋ | pose | of In | spect | tion | KRoutine O Fol | llow-up O Complain | ıt | | O Pr | elimin | ary | | 0 | Cor | suitation/Other | | | | |
| Risi | Cat | egon | | | 篇1 02 | 03 | | | O 4 | | | | | | up Required 📓 Yes O No | Number of S | | 0 | |
| | | R | isk I | as c | ors are food preparatio ontributing factors in f | on practices and employed foodborne illness outbrea | e beha ka. P | u vior Public | c He | alth I | nte | nonly | repo | are | to the Centers for Disease Contr control measures to prevent illne | ol and Prevent as or injury. | ion | | |
| | | | | | | FOODBORNE ILLNESS R | | | | | | | | | | | | | |
| | | | | algnat | | | | ltem | | | | | | | ach Item as applicable. Deduct points for c | | | | |
| IN | Fin c | ompili | ance | | OUT=not in compliance NA Compliance | | | R | | >s=cor | recte | d on-s | ite duri | ng ins | Compliance Status | | | R | WT |
| | IN | ουτ | NA | NO | Sup | ervision | | | | | IN | оυт | NA | NO | Cooking and Reheating of Time/ | | | | |
| 1 | 鬣 | 0 | | | Person in charge present, or performs duties | demonstrates knowledge, and | 0 | 0 | 5 | 16 | 0 | 0 | 0 | × | Control For Safety (TCS) I Proper cooking time and temperatures | eeds | 0 | 0 | |
| 2 | IN XX | | NA | NO | | yee Health sloyee awareness; reporting | 0 | | | 17 | 0 | 0 | | | Proper reheating procedures for hot hold | - | 00 | 0 | • |
| 3 | Â | ŏ | | | Proper use of restriction and | | ŏ | ŏ | 5 | | IN | ουτ | NA | NO | Ceeling and Heiding, Date Marking a Public Health Contro | | | | |
| | IN | _ | NA | | | enic Practices | | | | 18 | | 0 | X | | Proper cooling time and temperature | | 0 | 0 | _ |
| 4 | 义 | 8 | | | Proper eating, tasting, drink No discharge from eyes, no | | 8 | 8 | 5 | | 0 | 8 | <u> </u> | 0 | Proper hot holding temperatures Proper cold holding temperatures | | | 응 | |
| | IN | OUT | NA | NO | Preventing Cent | tamination by Hands | | | | | õ | ŏ | ŏ | 22 | Proper date marking and disposition | | ŏ | ŏ | 5 |
| 6 | 嵐 | 0 | | _ | Hands clean and properly w No bare hand contact with r | vashed ready-to-eat foods or approved | 0 | - | 5 | 22 | ο | 0 | × | 0 | Time as a public health control: procedur | es and records | 0 | 0 | |
| 1 | × | 0 | 0 | 0 | alternate procedures follow | ed | 0 | 0 | | | IN | OUT | | NO | Consumer Advisory Consumer advisory provided for raw and | up do monte d | | _ | |
| | _ | OUT | NA | NO | Handwashing sinks properly Approv | ved Source | | | 2 | 23 | 0 | 0 | 黛 | | food | undercooked | 0 | 0 | 4 |
| | 8 | | 0 | - | Food obtained from approve Food received at proper ten | | 0 | 0 | | | IN | OUT | | NO | Highly Susceptible Popula | tions | _ | _ | |
| 11 | × | ŏ | Ŭ | - X | Food in good condition, safe | e, and unadulterated | ŏ | ŏ | 5 | 24 | 0 | 0 | X | | Pasteurized foods used; prohibited foods | not offered | 0 | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: destruction | shell stock tags, parasite | 0 | 0 | | | IN | ουτ | NA | NO | Chemicals | | | | |
| | | | NA | NO | Protection fro | om Contamination | | | | 25 | 0 | 0 | X | | Food additives: approved and properly u | | 0 | 읭 | 5 |
| 13 | 췽 | <u>0</u> | 8 | | Food separated and protect Food-contact surfaces: clea | | +8 | 0 | | 26 | N N | OUT | NA | NO | Toxic substances properly identified, stor Conformance with Approved P | | 0 | 0 | |
| 15 | 篾 | 0 | | , | Proper disposition of unsafe served | e food, returned food not re- | 0 | 0 | 2 | 27 | 0 | 0 | 笑 | | Compliance with variance, specialized pr HACCP plan | ocess, and | 0 | 0 | 5 |
| | | | | Goo | d Retail Practices are | preventive measures to o | ontro | l the | int: | oduc | tion | of p | atho | gens | , chemicals, and physical object | into foods. | | | |
| | | | | | | | | | | IL PR | | | 3 | | | | | | |
| | | | | 00 | Tenot in compliance Compliance | | | R | | ; inspe | cson | | | | R-repeat (violation of the sam Compliance Status | | COS | R | WT |
| | 8 | 이미 | | 0.1157.0 | Safe Food an d eggs used where required | | 0 | 0 | 4 | | | UT | ood ar | od no | Utensils and Equipment nfood-contact surfaces cleanable, proper | v designed | | _ | |
| 2 | 9 | 0 | Wate | er and | ice from approved source | | 0 | 0 | 2 | 4 | 5 | | | | and used | y acaginea, | 0 | ٥ | 1 |
| 3 | 0 | O OUT | | ince d | btained for specialized proc Food Temperats | | 0 | 0 | 1 | 4 | 6 | o v | Varews | ashin | g facilities, installed, maintained, used, te | st strips | 0 | 0 | 1 |
| 3 | 1 | 0 | | | oling methods used; adequat | te equipment for temperature | 0 | 0 | 2 | 4 | _ | | lonfoo | d-con | tact surfaces clean | | 0 | 黨 | 1 |
| | 2 | 0 | contr | | properly cooked for hot hold | ina | 0 | 0 | | 4 | | UT O ⊦ | ict and | l cold | Physical Facilities water available; adequate pressure | | 0 | 0 | 2 |
| | 3 | 0 | Appr | oved | thawing methods used | | 0 | 0 | 1 | 4 | _ | | | | talled; proper backflow devices | | | 0 | 2 |
| 3 | 4 | O OUT | | mome | eters provided and accurate Food Identif | | 0 | 0 | 1 | 5 | _ | - | | | waste water properly disposed s: properly constructed, supplied, cleaner | | 8 | 0 | 2 |
| 3 | 5 | | _ | 10000 | | er, required records available | 0 | 0 | 1 | 5 | _ | _ | | | se properly disposed; facilities maintaine | | ŏ | 0 | 1 |
| | - | OUT | | piop | Prevention of Food | | - | <u> </u> | | 5 | | - | - | | ities installed, maintained, and clean | <u> </u> | - | 0 | 1 |
| 3 | 6 | - | Insec | ots, ro | dents, and animals not pres | | 0 | 0 | 2 | 5 | _ | _ | | | ntilation and lighting; designated areas us | ed | ō | 0 | 1 |
| 3 | 7 | 0 | Cont | amina | ation prevented during food p | preparation, storage & display | 0 | 0 | 1 | | 0 | υт | | | Administrative items | | - | _ | |
| 3 | 8 | 0 | | | leanliness | | 0 | 0 | 1 | 5 | 5 (| 0 0 | Jument | perm | nit posted | | 0 | 0 | |
| 3 | 9 | Ó | Wipi | ng cic | ths; properly used and store | м | 0 | 0 | 1 | 5 | | | | | inspection posted | | 0 | 0 | 0 |
| 4 | 0 | O OUT | | ning f | ruits and vegetables Proper Use of | Utensils | 0 | 0 | 1 | | | | | | Compliance Status Non-Smokers Protection | | YES | NO | WT |
| 4 | 1 | 0 | In-us | | nsils; properly stored | | | 0 | | 5 | | | | | with TN Non-Smoker Protection Act | | 8 | 0 | _ |
| 4 4 | 23 | | | | quipment and linens; proper /single-service articles; prop | | 8 | 0 | 1 | 5 | | | | | ducts offered for sale oducts are sold. NSPA survey completed | | 0 | 읭 | 0 |
| | 4 | | | | ed properly | entry andrese, statute | | ŏ | | | | 14 | 10101010 | us pri | careful and sena, that is suffrey completed | | - | - | |
| | | | | | | | | | | | | | | | Repeated violation of an identical risk factor | | | | |
| | | | | | | | | | | | | | | | e. You are required to post the food service e ling a written request with the Commissioner | | | | |

01/12/202 01/12/2022

Signature of Person In Charge

9 Date Signature of Environmental Health Specialist 01/12/2022

| _ | - | - | - | - | - | - |
|---|---|-----|---|---|---|---|
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| | | | а | n | | |

**** Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice ****

| Please call () 4232098110 to sign-up for a class. | PH-2267 (Rev. 6-15) | Free food safety training cla | | th at the county health department. | RDA 629 |
|--|---------------------|-------------------------------|--------------|-------------------------------------|---------|
| | (Net. 0-15) | Please call (|) 4232098110 | to sign-up for a class. | 104.025 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Jackson Bakery Establishment Number #: 605249428

| Warewashing Info | | | |
|------------------|----------------|-----|--------------------------|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) |
| Triple sink | Chlorine | 50 | |

| Equipment Temperature | |
|-----------------------|---------------------------------------|
| Description | Temperature (Fahrenheit) |
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| Food Temperature | | | | | |
|------------------|---------------|--------------------------|--|--|--|
| Description | State of Food | Temperature (Fahrenheit) | | | |
| Eggs | Cold Holding | 40 | | | |
| Milk | Cold Holding | 40 | | | |
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| Violations |
|------------|
| |
| |

Total # 2

Repeated # ()

14: Triple sink not set up correctly, utensils, pans washed in wash water with too much soil and not in porper compartment, middle compartment is for rinsing and should be maintained clear, found icing floating top water. Bread loaf pans being used multiple times not cleaned from buildup and then nested together. In use cloth towels not kept in diluted sanitizer.

47: Door handles to reachin cooler, freezer crusty with buildup

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Jackson Bakery

Establishment Number : 605249428

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:

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:

10: (NO): No food received during inspection.

11: (IN) All food was in good, sound condition at time of inspection.

12: (NÁ) Shell stock not used and parasite destruction not required at this establishment.

13: (IN) All raw animal food is separated and protected as required.

15: (IN) No unsafe, returned or previously served food served.

16: (NO) No raw animal foods cooked during inspection.

17: (NA) No TCS foods reheated for hot holding.

18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.

19: (NA) Establishment does not hot hold TCS foods.

20:

21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.

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: (NÁ) 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: Jackson Bakery

Establishment Number: 605249428

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Jackson Bakery Establishment Number # 605249428

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments