



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

95

Establishment Name 8 Fahrenheit Ice Cream  
Address 1913 Gunbarrel Rd Ste 105  
City Chattanooga Time in 03:15 PM AM / PM Time out 03:35 PM AM / PM  
Inspection Date 03/07/2023 Establishment # 605303915 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 16

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                                      |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Supervision  |  |  |  |  |                          |                          |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 1                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Person in charge present, demonstrates knowledge, and performs duties                  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Employee Health  |  |  |  |  |                          |                          |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 2                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Management and food employee awareness, reporting                                      |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 3                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Proper use of restriction and exclusion  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Good Hygienic Practices  |  |  |  |  |                          |                          |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 4                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | Proper eating, tasting, drinking, or tobacco use                                       |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 5                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | No discharge from eyes, nose, and mouth  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Preventing Contamination by Hands  |  |  |  |  |                          |                          |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 6                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | Hands clean and properly washed  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 7                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | No bare hand contact with ready-to-eat foods or approved alternate procedures followed |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 8                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Handwashing sinks properly supplied and accessible                                     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Approved Source  |  |  |  |  |                          |                          |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 9                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Food obtained from approved source   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 10                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Food received at proper temperature  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 11                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Food in good condition, safe, and unadulterated  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 12                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Required records available: shell stock tags, parasite destruction                     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Protection from Contamination  |  |  |  |  |                          |                          |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 13                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                     | Food separated and protected   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 4 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 14                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                     | Food-contact surfaces: cleaned and sanitized   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 15                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Proper disposition of unsafe food, returned food not re-served                         |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |

| Compliance Status |                                     |                                     |                                     |                                     |  |  |  |  |  | COS                      |                          |   |  |  | R |  |  |  |  | WT |  |  |  |  |
|-------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|--------------------------|--------------------------|---|--|--|---|--|--|--|--|----|--|--|--|--|
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods |  |  |  |  |                          |                          |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 16                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Proper cooking time and temperatures                                     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 17                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Proper reheating procedures for hot holding                              |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Cooling and Holding, Date Marking, and Time as a Public Health Control   |  |  |  |  |                          |                          |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 18                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Proper cooling time and temperature                                      |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 19                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Proper hot holding temperatures  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 20                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | Proper cold holding temperatures   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 21                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper date marking and disposition                                      |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 22                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Time as a public health control: procedures and records                  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Consumer Advisory  |  |  |  |  |                          |                          |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 23                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | Consumer advisory provided for raw and undercooked food                  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 4 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Highly Susceptible Populations   |  |  |  |  |                          |                          |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 24                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | Pasteurized foods used; prohibited foods not offered                     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Chemicals  |  |  |  |  |                          |                          |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 25                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | Food additives: approved and properly used                               |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 26                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     | Toxic substances properly identified, stored, used                       |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                                 | NA                                  | NO                                  | Conformance with Approved Procedures                                     |  |  |  |  |                          |                          |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 27                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | Compliance with variance, specialized process, and HACCP plan            |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 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              |     |   |  | Utensils and Equipment                  |   |    |                            |   |   |                                   |     |    |    |   |  |
| 28                               | OUT | Pasteurized eggs used where required                                    |  | O                                       | O | 1  | 45                         | O   | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |                                   | O   | O  | 1  |   |  |
| 29                               |     | Water and ice from approved source                                      |  | O                                       | O | 2  | 46                         | O   | Warewashing facilities, installed, maintained, used, test strips                      |                                   | O   | O  | 1  |   |  |
| 30                               |     | Variance obtained for specialized processing methods                    |  | O                                       | O | 1  | 47                         | O   | Nonfood-contact surfaces clean  |                                   | O   | O  | 1  |   |  |
| Food Temperature Control         |     |   |  | Physical Facilities                     |   |    |                            |   |   |                                   |     |    |    |   |  |
| 31                               | O   | Proper cooling methods used; adequate equipment for temperature control |  | O                                       | O | 2  | 48                         | O   | Hot and cold water available; adequate pressure                                       |                                   | O   | O  | 2  |   |  |
| 32                               | O   | Plant food properly cooked for hot holding                              |  | O                                       | O | 1  | 49                         | O   | Plumbing installed; proper backflow devices   |                                   | O   | O  | 2  |   |  |
| 33                               | O   | Approved thawing methods used   |  | O                                       | O | 1  | 50                         | O   | Sewage and waste water properly disposed  |                                   | O   | O  | 2  |   |  |
| 34                               | O   | Thermometers provided and accurate                                      |  | O                                       | O | 1  | 51                         | O   | Toilet facilities: properly constructed, supplied, cleaned                            |                                   | O   | O  | 1  |   |  |
| Food Identification              |     |   |  | Administrative Items                    |   |    |                            |   |   |                                   |     |    |    |   |  |
| 35                               | O   | Food properly labeled; original container; required records available   |  | O                                       | O | 1  | 52                         | O   | Garbage/refuse properly disposed; facilities maintained                               |                                   | O   | O  | 1  |   |  |
| Prevention of Food Contamination |     |   |  |   |   |    |                            |   |   |                                   |     |    |    |   |  |
| 36                               | O   | Insects, rodents, and animals not present                               |  | O                                       | O | 2  | 53                         | O   | Physical facilities installed, maintained, and clean                                  |                                   | O   | O  | 1  |   |  |
| 37                               | O   | Contamination prevented during food preparation, storage & display      |  | O                                       | O | 1  | 54                         | O   | Adequate ventilation and lighting; designated areas used                              |                                   | O   | O  | 1  |   |  |
| 38                               | O   | Personal cleanliness  |  | O                                       | O | 1  | Compliance Status          |   |   |                                   | YES | NO | WT |   |  |
| 39                               | O   | Wiping cloths: properly used and stored                                 |  | O                                       | O | 1  | Non-Smokers Protection Act |   |   |                                   |     |    |    |   |  |
| 40                               | O   | Washing fruits and vegetables   |  | O                                       | O | 1  | 57                         |   | Compliance with TN Non-Smoker Protection Act  |                                   | X   | O  | 0  |   |  |
| Proper Use of Utensils           |     |   |  |   |   |    |                            | 58  |   | Tobacco products offered for sale |     | O  |    | O |  |
| 41                               | O   | In-use utensils; properly stored  |  | O                                       | O | 1  | 59                         |   | If tobacco products are sold, NSPA survey completed                                   |                                   | O   | O  |    |   |  |
| 42                               | O   | Utensils, equipment and linens; properly stored, dried, handled         |  | O                                       | O | 1  |                            |   |   |                                   |     |    |    |   |  |
| 43                               | O   | Single-use/single-service articles; properly stored, used               |  | O                                       | O | 1  |                            |   |   |                                   |     |    |    |   |  |
| 44                               | O   | Gloves used properly  |  | O                                       | O | 1  |                            |   |   |                                   |     |    |    |   |  |

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 03/07/2023 Signature of Environmental Health Specialist 03/07/2023

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: 8 Fahrenheit Ice Cream

Establishment Number #: 605303915

## 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)

### Equipment Temperature

| Description  |
|--|
| 1. The first step in the process of creating a new product is to identify a market need. This involves conducting market research to determine what consumers want and what problems they are trying to solve. |
| 2. Once a market need has been identified, the next step is to develop a concept for a product that meets that need. This involves brainstorming ideas and creating a prototype.                               |
| 3. The third step is to conduct a feasibility study to determine if the product is viable. This involves analyzing the market, the competition, and the potential for profitability.                           |
| 4. If the feasibility study is positive, the next step is to develop a business plan. This involves outlining the company's goals, strategies, and financial projections.                                      |
| 5. The final step is to launch the product and monitor its performance. This involves marketing the product, distributing it, and gathering feedback from customers.   |

Temperature ( Fahrenheit)

### Food Temperature

### Description

State of Food

Temperature ( Fahrenheit)

\*Dairy ice cream mix in front cooler

## Cold Holding

50

Dairy in back cooler

## Cold Holding

38

### Observed Violations

Total # 1

Repeated # 0

20: Large cooler on front line holding TCS items at 50 degrees F. Must be 41 degrees F or lower. Moved items to a working cooler.

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FOOD INSPECTION DATA



**Establishment Information**

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Establishment Number : 605303915

**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: 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: (NA) No raw animal foods served.
- 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: (NO) TCS food is not being held hot during inspection.
- 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.***

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

**Establishment Information**

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Establishment Number : 605303915

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



**Establishment Information**

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**Sources**

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

**Additional Comments**

Talked with PIC regarding foodborne illness complaint. Proper sanitization in place, no employees ill, hand sinks stocked. However, large cooler on front line not holding ice cream mix at proper temperature. Instructed PIC not to use cooler until repaired.