



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name Sugar B's Cafe Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
 Address 6401 Hixson Pike ☐ Temporary ☐ Seasonal
 City Hixson Time in 02:20 PM AM / PM Time out 03:00 PM AM / PM
 Inspection Date 09/02/2021 Establishment # 605304811 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 _____

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)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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	IN	OUT	NA	NO	Supervision													IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
1	<input checked="" type="radio"/>	<input checked="" type="radio"/>			Person in charge present, demonstrates knowledge, and performs duties					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Proper cooking time and temperatures					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5	17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Proper reheating procedures for hot holding					<input checked="" type="radio"/>	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
2	<input checked="" type="radio"/>	<input checked="" type="radio"/>			Management and food employee awareness, reporting					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
3	<input checked="" type="radio"/>	<input checked="" type="radio"/>			Proper use of restriction and exclusion					<input checked="" type="radio"/>	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	IN	OUT	NA	NO	Good Hygienic Practices												18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Proper cooling time and temperature					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5	19	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Proper hot holding temperatures					<input checked="" type="radio"/>	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
4	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	Proper eating, tasting, drinking, or tobacco use					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5	20	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Proper cold holding temperatures					<input checked="" type="radio"/>	<input checked="" type="radio"/>			21	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Proper date marking and disposition					<input checked="" type="radio"/>	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
5	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	No discharge from eyes, nose, and mouth					<input checked="" type="radio"/>	<input checked="" type="radio"/>				22	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Time as a public health control: procedures and records					<input checked="" type="radio"/>	<input checked="" type="radio"/>				IN		OUT	NA	NO	Consumer Advisory																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	IN	OUT	NA	NO	Preventing Contamination by Hands												23	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Consumer advisory provided for raw and undercooked food					<input checked="" type="radio"/>	<input checked="" type="radio"/>				4		IN	OUT	NA	NO	Highly Susceptible Populations																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
6	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	Hands clean and properly washed					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5																		24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Pasteurized foods used; prohibited foods not offered					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5		IN	OUT	NA	NO	Chemicals																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input checked="" type="radio"/>	<input checked="" type="radio"/>																						25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Food additives: approved and properly used					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5	26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	Toxic substances properly identified, stored, used					<input checked="" type="radio"/>	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
8	<input checked="" type="radio"/>	<input checked="" type="radio"/>			Handwashing sinks properly supplied and accessible					<input checked="" type="radio"/>	<input checked="" type="radio"/>			2		IN	OUT	NA	NO	Approved Source													IN	OUT	NA	NO	Conformance with Approved Procedures																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
9	<input checked="" type="radio"/>	<input checked="" type="radio"/>			Food obtained from approved source					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5																							Compliance with variance, specialized process, and HACCP plan					<input checked="" type="radio"/>	<input checked="" type="radio"/>			5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

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Smoking observed where smoking is prohibited by the Act.

Temperature (Fahrenheit)

Temperature (Fahrenheit)

Temperature (Fahrenheit)

40

40

39

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Sugar B's Cafe

Establishment Number : 605304811

Comments/Other Observations

***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.

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

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Sources

Source Type:	Source:
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Additional Comments