# TENNESSEE DEPARTMENT OF HEALTH

CALCULAR STATES			j		FOOD SERVICE ES	TABL	S	нм	EN	r 11	NSI	PEC	TI	ON REPORT	SCO	RE		
1	State of the second	744.	and the second s		Cracker Barrel #2									O Fermer's Market Food Unit	0			
Est	ablist	hmen	t Nar	ne	635 S. Cumberland					Тур	be of	Establi	shme	ent Kermanent O Mobile	J	/		
Aggress					_					O Temporary O Seasonal	-		_					
			.:2	20 /	١M	_ A	M/P	M Ti	me o	ut 11:38:AM AM/PM								
Insp	ectio	on Da	rte		05/13/2021 Establishment # 605004	249		_	Emba	irgoe	a <u>C</u>	)						
Puŋ	pose	of In	spec	tion	O Routine 猶 Follow-up O Comp	laint		<b>O</b> P	relimir	ary		c	Cor	nsuitation/Other				
Risi	c Cat	tegor	y		O1 ) 🕅 2 O3	Tel: #2       Type of Establishment is Primaser is Mobile O Temporary O Sessonal       Image: Product of the term of												
		R													and Prevent	on		
				algae			Ber-											
IN	⊨in c	ompii	ance		OUT=not in compliance NA=not applicable NO=not ob Compliance Status		R	-	os=∞ I Γ	recte	d on-t	site duri	ng ins				R	WT
	IN	ουτ	NA	NO	Supervision					IN	ουτ	NA	NO					
1	黨	0			Person in charge present, demonstrates knowledge, and performs duties	d O	0	5	16	12	0	0	0			0	0	
,	IN XX		NA	NO		- 0	0	-				Ó	×			Ó	Ô	•
3	×				Proper use of restriction and exclusion	_		-1 e		IN	ουτ	NA	NO		d Time as			
	IN	OUT	NA		Good Hygienic Practices		_	_								0	0	_
4	XX	0		_	Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth	0	8	5	19 20	S		8	0					
	IN	OUT	NA		Preventing Contamination by Hands				21	1			0	Proper date marking and disposition		0		ə
6 7	直截	0	0	0	Hands clean and properly washed No bare hand contact with ready-to-eat foods or approvi		_	-	22	0	0		-	Time as a public health control: procedures a	nd records	0	0	
	in X		•	-	alternate procedures followed Handwashing sinks properly supplied and accessible					_	_	_	NO		ercooked	-	-	
	IN	OUT	NA	NO	Approved Source		_		23				110	food		0	0	4
	高の		0	23	Food obtained from approved source Food received at proper temperature						-		NO					
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	24	_	-	_			offered	0	0	•
12	0	0	×	0	destruction	0	0											
13	N X	001	NA	NO	Food separated and protected	0	0	4	25	<u> ら</u>	6	265			used			5
14	×	0	0		Food-contact surfaces: cleaned and sanitized					_	_	NA	NO	Conformance with Approved Proce	edures		_	
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×			ss, and	0	0	5
				God	d Retail Practices are preventive measures t	o contro	l th	e int	roduc	tion	of	atho	gens	, chemicals, and physical objects int	o foods.			
												_	-					
				OU		corrected o	1-615	e durin								nel		WT
		OUT			Safe Food and Water	0.0	K	1 11		0	UT					.08	~	wi
	8 9				ed eggs used where required fice from approved source				4	5 1					signed,	0	0	1
_	0	0	Varia		obtained for specialized processing methods	ŏ	ŏ	Î	4	6	-				ips	0	0	1
		OUT	_	er co	cling methods used; adequate equipment for temperature			L	4	_	_					-	-	1
	1	0	cont	ol		0											-	
	2				properly cooked for hot holding thawing methods used				_	_	-							
3	4	0	Ther		eters provided and accurate	0	0	1	5	0	0 8	Sewage	e and	waste water properly disposed		0	0	2
	5	OUT	_				6		1 -	_								
3	9	OUT	F-000	s prop	Prevention of Food Contamination	• •	0	<u>'</u>	╵└		-	-						
3	6	0.0	Inse	ts, ro	odents, and animals not present	0	0	2	. –	-+-						-		
3	7	0	Cont	amin	ation prevented during food preparation, storage & displa	vo	0	1		0	υт			Administrative Items				
	8	-			cleanliness	-			5		_	Jument	Dern			0	0	
3	9	Ó	Wipi	ng ck	oths; properly used and stored	0	0	1						inspection posted		0	0	0
4	0	O OUT		hing	ruits and vegetables Proper Use of Utensils	0	0	1	١H	-	_	_	_			YES	NO	WT
_	1	0	In-us		nsils; properly stored									with TN Non-Smoker Protection Act		8	읽	~
4	2 3	0	Sing	e-use	equipment and linens; properly stored, dried, handled a/single-service articles; properly stored, used	0	0	1	5	9				ducts offered for sale oducts are sold, NSPA survey completed		8		0
	4		-		ed properly			1	1									
serv	ice e	stabli	shmer	t per	ations of risk factor items within ten (10) days may result in su nit. Items identified as constituting imminent health hazards sh	all be corre	cted	imme	Siately	or op	eratio	ns shall	ceas	e. You are required to post the food service establ	ishment permit i	n a c	onsp	icuous
man repo	ner a	nd po C.A.	st the	most ns 68	recent inspection report in a conspicuous manner. You have to 14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68	he right to r -14-716, 4-5	aque 320.	ist a hi	aring						n ten (10) days o	of the	date	of this
-	1	05/13/2021						L.	n	5								

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Signature of Per	son In Charge

05/13/2021

021 Date Signature of Environmental Health Specialist

05/13/2021

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

Free food safety training classes are available each month at the county health department. Please call ( ) 6154445325 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

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Establishment Name: Cracker Barrel #2 Establishment Number #: 605004249

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.	
	<u> </u>

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							
			l							

Equipment Temperature						
Description	Temperature (Fahrenheit)					

Description	State of Food	Temperature ( Fahrenheit

Observed Violations	1
Total # 5	
Total # 5 Repeated # 0	
36:	
42:	
45:	
47:	
53:	
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""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: Cracker Barrel #2 Establishment Number : 605004249

Comments/Other Observations		
<ul> <li></li></ul>		
0:		
1:		
2:		
3:		
4:		
5:		
6:		
7:		
8: Item corrected		
9:		
0:		
1:		
2:		
3:		
4:		
5:		
6:		
1:		
/: 0.		
8:		

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: Cracker Barrel #2

Establishment Number : 605004249

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Cracker Barrel #2 Establishment Number #: 605004249

Sources		
Source Type:	Source:	
Additional Comments		

See routine inspection for comments