

Risk Category

01

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Follow-up Required

SCORE

| Establishment Name | Countryside Cafe | O Fermer's Market Food Unit Type of Establishment ○ Permanent ○ Mobile | 86 |
|-----------------------|---|---|----|
| Address | 8223 Mahan Gap Rd. | O Temporary O Seasonal | |
| City | Ooltewah Time in 10:30 AM | AM / PM Time out 11:00; AM AM / PM | |
| nspection Date | 07/29/2022 Establishment # 605061106 Emit | pargoed 0 | |
| Purpose of Inspection | O Routine ₩ Follow-up O Complaint O Prelimi | inary O Consultation/Other | |

Number of Seats 68 ters for Dis ase Control and Prevention

O3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS T, HA, HO) for each numbered item. For Items marked OUT, mark COS or R for each item as applicable. us (IN, OUT, HA, HO) for each numbered Item. For Items m

| 117 | IN-in compliance OUT-not in compliance NA-not applicable NO-not observed C | | | | | | | |
|-------------------|--|-----|----|----|---|---|---|----|
| Compliance Status | | | | | | cos | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | × | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | * · · · · · · · · · · · · · · · · · · · | | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | D)(| 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 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | |
| 5 | 26% | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | |
| | | OUT | NA | NO | Proventing Contamination by Hands | | | |
| 6 | 滋 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 氮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 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 | |
| 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 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | Ŕ | 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 | оит | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | No. | 0 | 0 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 3% | Proper reheating procedures for hot holding | 0 | 0 | |
| | 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 | 245 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | 1 |
| 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 | M | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 菜 | 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 |

O Yes 🕱 No

to control the introduction of pathogens, chemicals, and physical objects into foods.

| | | OUT=not in compliance COS=corr | ected or | 1-site | during | inspect | ion | |
|----|-----|---|----------|--------|--------|---------|------|---------------|
| | | Compliance Status | COS | | | | | |
| | OUT | Safe Food and Water | - | | | | OUT | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 | 45 | 325 | Foo |
| 29 | 0 | Water and ice from approved source | 0 | 0 | 2 | 40 | (46) | con |
| 30 | _ | Variance obtained for specialized processing methods | 0 | 0 | 1 | 46 | 125 | Wa |
| | OUT | Food Temperature Control | | | | 40 | 740 | VVG |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature | 0 | 0 | 2 | 47 | 黨 | Nor |
| 31 | • | control | | ٧. | * | | OUT | $\overline{}$ |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | 1 | 48 | 0 | Hot |
| 33 | Ō | Approved thawing methods used | 0 | Ō | 1 | 49 | 黨 | Plu |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 | 50 | 0 | Sev |
| | OUT | Food Identification | | - | | 51 | ō | Toi |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | 1 | 52 | × | Gar |
| | OUT | Prevention of Food Contamination | | | | 53 | 3% | Phy |
| 36 | 麗 | Insects, rodents, and animals not present | 0 | 0 | 2 | 54 | 麗 | Adk |
| 37 | 誕 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 | | OUT | Г |
| 38 | 0 | Personal cleanliness | 0 | 0 | 1 | 55 | 0 | Cur |
| 39 | 188 | Wiping cloths; properly used and stored | 0 | 0 | 1 | 56 | 0 | Мо |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | 1 | \Box | | |
| | OUT | Proper Use of Utensils | | | | | | |
| 41 | 120 | In-use utensils; properly stored | 0 | 0 | 1 | 57 | | Cor |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 | 58 | 1 | Tot |
| 43 | 13% | Single-use/single-service articles; properly stored, used | 0 | 0 | 1 | 59 | 1 | If to |
| 44 | 0 | Gloves used properly | 0 | 0 | 1 | | | |

| pecti | | R-repeat (violation of the same code provision Compliance Status | cos | R | W |
|-------|-----|--|-------|----|-----|
| | OUT | Utensils and Equipment | 114 | | |
| 45 | × | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 题 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | |
| 47 | 黨 | Nonfood-contact surfaces clean | 0 | 0 | - |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | - : |
| 49 | 黨 | Plumbing installed; proper backflow devices | 0 | 0 | |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | - : |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | × | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | |
| 53 | 3% | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 羅 | Adequate ventilation and lighting; designated areas used | 0 | 0 | |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | П |
| 56 | 0 | Most recent inspection posted | 0 | 0 | |
| | | Compliance Status | YES | NO | ٧ |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 100 | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ ١ |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

thin ten (10) days of the date of thi sicuous manner. You have the right to request a hi

-:/e 07/29/2022 Signature of Person In Charge

Date Signature of Environmental Health Specialist

Date

**** 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. PH-2267 (Rev. 6-15) RDA 629) 4232098110 Please call (to sign-up for a class.

07/29/2022

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | | | | |
|--|--|------------------------------|------------------------|-----------|--|--|--|--|--|
| Establishment Name: Countryside Cafe | | | | | | | | | |
| Establishment Number #: 605061106 | | | | | | | | | |
| | | | | | | | | | |
| NSPA Survey - To be completed if | | | | | | | | | |
| Age-restricted venue does not affirmatively resi twenty-one (21) years of age or older. | trict access to its buildings o | r facilities at all times to | persons who are | | | | | | |
| Age-restricted venue does not require each per | rson attempting to gain entry | to submit acceptable for | orm of identification. | | | | | | |
| | | | | | | | | | |
| "No Smoking" signs or the international "Non-S | moking" symbol are not con | spicuously posted at ev | ery entrance. | | | | | | |
| Garage type doors in non-enclosed areas are not completely open. | | | | | | | | | |
| | savings type saving at the contraction of the completely open. | | | | | | | | |
| Tents or awnings with removable sides or vent | s in non-enclosed areas are | not completely removed | d or open. | | | | | | |
| Smoke from non-enclosed areas is infiltrating in | nto areas where smoking is | prohibited. | | | | | | | |
| | | | | | | | | | |
| Smoking observed where smoking is prohibited | d by the Act. | | | | | | | | |
| | | | | | | | | | |
| Warewashing Info | | | | | | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fai | renheit) | | | | | |
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| Equipment Temperature | | | | | | | | | |
| Description | | | Temperature (Fah | renhelt) | | | | | |
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| Food Tomporature | | | | | | | | | |
| Food Temperature Description | | State of Food | Temperature (Fah | ranhali) | | | | | |
| Decomption | | state of Food | reinperature (rain | reminent/ | | | | | |
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| Observed Violations | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|
| Total # 12 | | | | | | | | |
| Repeated # () | | | | | | | | |
| 36: See original report. | | | | | | | | |
| 37: See original report. | | | | | | | | |
| 39: See original report. | | | | | | | | |
| 41: See original report. | | | | | | | | |
| 43: See original report. | | | | | | | | |
| 45: See original report. | | | | | | | | |
| 46: See original report. | | | | | | | | |
| 47: See original report. | | | | | | | | |
| 49: See original report. | | | | | | | | |
| 52: See original report. | | | | | | | | |
| 53: See original report. | | | | | | | | |
| 54: See original report. | | | | | | | | |
| 194. See original report. | | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | |
|--|------|
| Establishment Name: Countryside Cafe | |
| Establishment Number: 605061106 | |
| | |
| Comments/Other Observations | |
| (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the operation. 3: 4: | food |
| 5: 6: 7: | |
| 2: 3: 4: 5: 6: 7: 8: (IN): All handsinks are properly equipped and conveniently located for food employee use. 9: 10: 11: 12: 13: | |
| 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods. 15: 16: 17: 18: 19: 20: 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hou 22: 23: 24: 25: | |
| 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hou 22: 23: 24: 25: 26: 27: 57: | ırs. |
| 57: 58: | |

Additional Comments

See last page for additional comments.

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| Establishment Information | |
|--|--|
| Establishment Name: Countryside Cafe | |
| Establishment Number: 605061106 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
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| Establishment Information | | | | | | |
|---|--|--|--|--|--|--|
| Establishment Name: Countryside Cafe | | | | | | |
| Establishment Number #: 605061106 | | | | | | |
| | | | | | | |
| Sources | | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Additional Comments | | | | | | |
| Establishment cleaning and sanitizing schedule show program. All handsinks working in establishment with walk in coolers. | ing improvement. Multiple employees enrolled in ServSafe running water. TCS foods date marked in reach in and | | | | | |
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