### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Ş		114 ·	C. C.																
Feta	hīs	hmer	t Nar		KFC K3650	05										O Fermer's Market Food Unit ent O Mobile		K	
Establishment Name Address					5323 Hwy 153 Type of Establishment O Mobile O Temporary O Seasonal									J					
City					Hixson		Time in	01	1:1	5 F	- M		M/P	мта	ma ni	ut 01:30; PM AM / PM			
,					01/23/20	23 Establishment #		_			Emb	_			1110 04	<u> </u>			
		on Da	spec		O Routine	留 Follow-up	O Complaint			_	relimir		a _		0.00	nsultation/Other			
		legor		20011	01	\$122	03			04		nury.		-		up Required O Yes K No Number of	/ Seate	62	)
Nak	Ce.		r		ors are food pre	paration practices a	ind employee			* m				y repo	ortec	to the Centers for Disease Control and Prev	Intion		
				as c	ontributing fac											control measures to prevent illness or injury. INTERVENTIONS			
		(14	urik de	elgnat	ed compliance stat											ach liem as applicable. Deduct points for category or subc	ategory	.)	
IN	in c	ompi	ance			nce NA=not applicable	NO=not observe		R	O WT	os   [	rrecte	d on-t	site duri	ing ins	spection R=repeat (violation of the same code prov Compliance Status		R	WT
	IN	ουτ	NA	NO		Supervision			_			IN	ουι	NA	NO	Cooking and Roberting of Time/Temperature			
- I.	×	0			Person in charge performs duties	present, demonstrates kn	owledge, and	0	0	5	_	0	0			Control For Safety (TCS) Foods Proper cooking time and temperatures	0	8	5
2			NA	NO	Management and	Employee Health food employee awarenes	s; reporting	0	0		17	0	0	0	×	Proper reheating procedures for hot holding Ceeling and Holding, Date Marking, and Time a	_	0	Ű
_	×	0	1		-	riction and exclusion		0	0	5		IN	001	NA	NO	a Public Health Control			
	IN X		NA			od Hygienic Practices ting, drinking, or tobacco		0	0		18	0	00			Proper cooling time and temperature Proper hot holding temperatures		8	
5	澎	0	NA	0	No discharge from	neves, nose, and mouth ing Contamination by		ŏ		5	20	25	0	0		Proper cold holding temperatures	0	0	5
_	X		N/A	_	Hands clean and	properly washed		0	0		22		0	0 第		Proper date marking and disposition Time as a public health control: procedures and records		6	
	鬣			0	No bare hand con alternate procedu	tact with ready-to-eat foor res followed	ts or approved	0	0	5		IN	001		NO	Consumer Advisory			
	IN		NA	NO	Handwashing sink	s properly supplied and a Approved Source	ccessible	0	0	2	23	0	0	X		Consumer advisory provided for raw and undercooked food	0	0	4
		0	0	-		m approved source proper temperature		8	00			IN	001	-	NO	Highly Susceptible Populations			
11	×	0			Food in good cond	ation, safe, and unadulter available: shell stock tags		0	0	5	24	-	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	0	0	×	0 NO	destruction	ction from Contamina		0	0			IN	001		NO	Chemicals	$\downarrow$		
13	×	0	0	NO	Food separated a	nd protected			0		20	5 O			·	Food additives: approved and properly used Toxic substances properly identified, stored, used	ő	0	5
_	_	0	0	l.		aces: cleaned and sanitiz of unsafe food, returned		0	-	5		-	-	NA	NO	Conformance with Approved Procedures Compliance with variance, specialized process, and	-		
15	15     2     0     Proper disposition of unsafe food, returned food not re- served     0     0     2     27     0     0     2     Compliance with variance, specialized process, and     0     0							8											
				Goo	d Retail Practi	ces are preventive m	easures to co	ontro	l the	int:	rođu	ction	of	patho	gens	s, chemicals, and physical objects into foods.			
				011	T=not in compliance		COS=corre	GOO						3		R-repeat (violation of the same code provision			
_		OUT	_		Com	pliance Status Food and Water	000-0010	COS			ĨĔ					Compliance Status Utensils and Equipment		R	WT
21	3	0	Past		d eggs used when	e required		0	0	1						infood-contact surfaces cleanable, properly designed,	0	0	1
21	_	0	Varia			ized processing methods		8	0	2	$  \vdash$	-	- 0			and used g facilities, installed, maintained, used, test strips	0	0	4
		OUT	_	erco		mperature Control f; adequate equipment for	temperature						-			ntact surfaces clean	-0	6	1
3		0	cont	rol			and personal of	0	0	2		0	UT			Physical Facilities			
3:					properly cooked for thawing methods u			0	00			_				I water available; adequate pressure stalled; proper backflow devices		0	2
34	1	O OUT		mome	eters provided and	accurate d Identification		0	0	1		_	_			waste water properly disposed es: properly constructed, supplied, cleaned	0	0	2
3	5		_	i prop		al container; required reco	ords available	0	0	1	. –	_	_			use properly disposed; facilities maintained	0	ō	1
		OUT			Prevention	of Food Contamination	1		_		. –	-+-				lities installed, maintained, and clean	•	0	1
3	\$	0	Inse	cts, ro	dents, and animals	s not present		<u> </u>	0	2		-	-	Adequa	ste ve	entilation and lighting; designated areas used	0	0	1
3						ring food preparation, stor	age & display	0	0	1			UT			Administrative Items			
3	_				leanliness ths; properly used	and stored		8	0	1		_				nit posted inspection posted			0
4	)	O OUT	_	hing f	ruits and vegetable	s r Use of Utensils		0	0	1		_	_	_	_	Compliance Status Non-Smokers Protection Act	YES	NO	WT
4	_	0	In-us		nsils; properly store	ed			8			7 8				with TN Non-Smoker Protection Act sducts offered for sale		8	_
4	3	0	Sing	le-use	/single-service art	ns; properly stored, dried, cles; properly stored, use		0	0	1		9				roducts are sold, NSPA survey completed		ŏ	Ů
4	_				ed properly	terre within ten (40) daws m	w result in surpose		0				abiliati	mant n	e recite	Repeated violation of an identical risk factor may result in re-	nestler	ofun	or food
servi	ce e	stabli	shmer	t perm	sit. Items identified a	s constituting imminent heat	Ith hazards shall be	e corre	cted i	imme	Sately	or op	eratio	ns shall	l ceas	e. You are required to post the food service establishment per fling a written request with the Commissioner within ten (10) d	mit in a	consp	icuous
repor	t. T.	c.A.	sectio	ns 68-	14-703, 68-14-706, 68-	14-708, 68-14-709, 68-14-711,	68-14-715, 68-14-7	16, 4-5	-320.			$\langle$	J			$\mathcal{F}$			
					adre		01/2	23/2		_	_	$\rightarrow$	$\rightarrow$	n	s	Va	01/2	23/2	
Sigr	atu	re of	Pers	on In	Charge					Date						ental Health Specialist			Date
<b>B</b>						,										ealth/article/eh-foodservice **** unty health department.			
PHL?	101	CHORN.	6-15															- R!	DA 629

Please call ( ) 4232098110 to sign-up for a class.	267 (Rev. 6-15)	Free food safety training cl	asses are available each mont	RDA 62	
	267 (Nev. 6-15)	Piease call (	) 4232098110	to sign-up for a class.	nDe da

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



#### Establishment Information

Establishment Name: KFC K365005 Establishment Number #: 605175485

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	Temperature (Fahrenheit)							

Food Temperature	State of Food	Temperature (Fahrenheit

Observed Violations
Total # 3
Repeated # ()
45: 53:
53:
56: Most recent routine inspection from 1/13/23 not posted.

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### Establishment Information

Establishment Name: KFC K365005 Establishment Number : 605175485

Comments/Other Observations		
D: L: 2: 3: 4: 5: 5: 5: 7: 8: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9		
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**See page at the end of this document for any violations that of		

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: KFC K365005

Establishment Number: 605175485

Comments/Other Observations (cont'd)

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

## Establishment Information Establishment Name: KFC K365005 Establishment Number #: 605175485

Sources		
Source Type:	Source:	

#### Additional Comments

\*\*Priority items #14,20 corrected. See original report dated 1/13/23.\*\*