

Establishment Name

Inspection Date

Risk Category

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Type of Establishment

Follow-up Required

Remanent O Mobile O Temporary O Seasonal

级 Yes O No

SCORE

Time in 11:30; AM AM / PM Time out 12:30; PM AM / PM

09/15/2022 Establishment # 605243856 Embargoed 0

KRoutine O Follow-up O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

Number of Seats 64

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 10 | e in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | ¢ |
|----|---------------|-------|------|----|---|-----|---|----|
| | | | | | Compliance Status | COS | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 盔 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | 380 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 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 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | × | 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 | × | | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 200 | 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 | Ø | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | 0 | X | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | × | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

Mikes Smokehouse

3147 S. Broad St.

Chattanooga

| | Compliance Status | | | | | | R | WT |
|----|-------------------|-----|----|-----|---|---|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 寒 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | 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 | 0 | - X | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | 0 | 25 | 0 | 0 | Proper date marking and disposition | 0 | 0 | * |
| 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 | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 黨 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | , |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

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

L PRACTICES

| | | | GOO | | |
|----|-----|--|--------|---|----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Safe Food and Water | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | Water and ice from approved source | 0 | 0 | - |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | ١, |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | Г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Т |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | - |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | |
| 38 | 0 | Personal cleanliness | 0 | 0 | Г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | |
| | OUT | Proper Use of Utensils | \top | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | Г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | Г |
| 44 | 10 | Gloves used properly | - | 0 | |

| | | Compliance Status | COS | R | WT |
|----|-----|---|-----|----|----|
| | OUT | Utensils and Equipment | | | |
| 45 | 涎 | Food and norifood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 47 | 凝 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | 2 |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | 2 |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 2% | Physical facilities installed, maintained, and clean | 0 | 0 | 1 |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | |
| 56 | 0 | Most recent inspection posted | 0 | 0 | , |
| | | Compliance Status | YES | NO | W |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | 180 | 0 | Γ. |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

nd post the most recent inspection report in a conspicuous manner. You have the right to request a hearing reg 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. ten (10) days of the date of th

09/15/2022

09/15/2022

Signature of Person In C

Date Signatu

Date

**** 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: Mikes Smokehouse
Establishment Number # 605243856

| 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) |
| *Dish Machine | Chlorine | 0 | |
| | | | |

| Equipment Temperature | |
|-----------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| See Remarks | |
| | |
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| Food Temperature | | |
|----------------------------|---------------|-------------------------|
| Description | State of Food | Temperature (Fahrenheit |
| Bologna (low boy) | Cold Holding | 39 |
| BBQ Pork | Hot Holding | 152 |
| Mac & Cheese | Hot Holding | 162 |
| Baked Beans | Hot Holding | 169 |
| Brisket | Hot Holding | 149 |
| Cut Leafy Greens (walk in) | Cold Holding | 39 |
| *Potato Salad (low boy) | Cold Holding | 48 |
| *Cole Slaw (low boy) | Cold Holding | 49 |
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| Observed Violations |
|---|
| Total # 6 |
| Repeated # 0 |
| 14: Sanitizer at triple sink 0 ppm chlorine. Re-primed machine to 100 ppm. Have |
| unit serviced due to repairs needed to machine. |
| 20: TCS foods in low boy unit holding at 48-49*F. Products must be 41*F or |
| below. Have unit serviced/adjusted as needed so TCS foods hold at 41*F or |
| below. |
| 21: TCS, RTE foods held longer than 24 hrs not properly datemarked. Advised |
| on datemarking policy/procedures. |
| 45: Excessive ice build up noted in walk in freezer unit. |
| 47: Some non-food contact surfaces dirty. |
| 53: Some floors/walls dirty. |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Mikes Smokehouse Establishment Number: 605243856

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 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: (IN): Observed employees washing hands as needed.
- 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: (IN): Food products obtained from approved sources.
- 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.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (IN) TCS foods holding at 135*F or above. See food temperatures listed above.
- 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: Establishment vacuum packaging TCS foods at time of inspection. Establishment unaware of required HACCP plan needed to perform special processes. Advised on HACCP plan and application submittal for special processes. Establishment must immediately discontinue process until HACCP plan can be submitted and approved through State of
- 57: (IN) Establishment does not allow smoking inside facility.
- 58: (IN): Tobacco products not sold at establishment.

Additional Comments

See last page for additional comments.

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| stablishment Name: Mikes Smokehouse | |
|---------------------------------------|--|
| stablishment Number: 605243856 | |
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| comments/Other Observations (cont'd) | |
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Establishment Information

| Establishment Information Establishment Name: M | ikes Smokehouse | | | | |
|---|-----------------|---------|------------------------|--|--|
| Establishment Number #: | 605243856 | | | | |
| | | | | | |
| Sources | | | | | |
| Source Type: | Food | Source: | Approved sources noted | | |
| Source Type: | Water | Source: | Public | | |
| Source Type: | | Source: | | | |
| Source Type: | | Source: | | | |
| Source Type: | | Source: | | | |
| Additional Comme | nts | | | | |
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