TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

R.																		7	
Establishment Name						Type of Establishment O Fermer's Market Food Unit O Mobile									/				
Address 1460 N. Mack Smith Rd.			O Temporary O Seasonal																
City					East Ridge		Time in)2:	30	P	M	AM	/PN	1 Tir	ne ou	ut 02:45: PM AM / PM			
Insp	ectic	n Da	te		08/05/202	0 Establishment # 6050	04905		_	En	nbarç	goed	0						
Purp	oose	of In:	spect	ion	ORoutine	撥 Follow-up O Co	mplaint		0		minar				Cor	nsuitation/Other			
Risi	Cat	egonj	,		O 1	X 2 O3			0	4				Fo	llow-	up Required O Yes 🕅 No Number of	Seats	20	5
		R														d to the Centers for Disease Control and Prever control measures to prevent illness or injury.			
						FOODBORNE ILLN	ESS RISK	FAC	TOR	S AI	ND P	PUB	LIC	HEA	LTH	INTERVENTIONS			
IN	tin cr	(Cn ompilie		elgnet	OUT=not in compliance		t observed	or Ite								ach Item as applicable. Deduct points for category or subcat spection R=repeat (violation of the same code provis			
						ance Status		os I	۲w							Compliance Status		R	WT
	-	_	NA	NO	Person in charge pre	Supervision sent, demonstrates knowledge,	and			41		IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
1	邕	0	NA	NO	performs duties	Employee Health			5		16 2 17		8	0		Proper cooking time and temperatures Proper reheating procedures for hot holding	8	<u> </u>	5
2	X	0	104		Management and foo	od employee awareness; reporti		0 0		11			оит		NO	Cooling and Holding, Date Marking, and Time as	Ē		
_	黛	0			Proper use of restrict				<u> </u>							a Public Health Control		-	
	X	0	NA			A drinking, or tobacco use		0 0	25	11		2	0	0		Proper cooling time and temperature Proper hot holding temperatures	0	0	
5			NA			yes, nose, and mouth Contamination by Hands		0 0	ר °	11	20 2		8	8	0	Proper cold holding temperatures. Proper date marking and disposition	8	8	5
6	×		1.0-1		Hands clean and pro	perly washed		2	1,	-1 1	22	_	ŏ	ō	-	Time as a public health control: procedures and records	ō	ō	
7	鬣	0	0	0	No bare hand contac alternate procedures	t with ready-to-eat foods or app followed				'H			OUT	NA	NO	Consumer Advisory	-	_	
	N IN		NA	NO		properly supplied and accessible	e (D 2		23	×	0	0		Consumer advisory provided for raw and undercooked food	0	0	4
	黨			-	Food obtained from a Food received at pro	approved source				11		IN	ουτ	NA	NO	Highly Susceptible Populations			
11	×	ŏ		_	Food in good condition	on, safe, and unadulterated		5 0	5 5		24	0	0	X		Pasteurized foods used; prohibited foods not offered	0	0	5
12	٥	0	×	0	destruction	ailable: shell stock tags, parasite	° (> <					ουτ		NO	Chemicals			
13			NA	NO	Food separated and	on from Contamination		0	5 4	-	25 26	읽	0	X		Food additives: approved and properly used Toxic substances properly identified, stored, used	8	응	5
14	R	ŏ			Food-contact surface	s: cleaned and sanitized			5 5					NA	NO	Conformance with Approved Procedures	Ě	_	
15	2	٥			Proper disposition of served	unsafe food, returned food not	re-	> <	2		27	0	0	\mathbb{X}		Compliance with variance, specialized process, and HACCP plan	0	0	5
				Goo	d Retail Practice	s are preventive measure	a to cont	rol ti	he in	trod	lucti	ion	of n	atho	oens	, chemicals, and physical objects into foods.			
				_					RET				<u> </u>						
				00	T=not in compliance	co ance Status	0\$=correcte	d on-s		ing in						R-repeat (violation of the same code provision) Compliance Status	COS		WT
	_	OUT			Safe Fe	od and Water				11		0				Utensils and Equipment		~ 1	
2	_				d eggs used where re lice from approved so			818	2 1		45	c				property designed, and used	0	0	1
3	-	0 001	Varia	nce c		d processing methods			D 1	11	46	c	w	/arews	ashin	g facilities, installed, maintained, used, test strips	0	0	1
3	_	0				dequate equipment for tempera	sture	0	2	11	47	c		onfoo	d-con	ntact surfaces clean	0	0	1
3		-	contr Plant		properly cooked for h	ot holding			2 1		48	OL C		otand	l cold	Physical Facilities f water available; adequate pressure	0	0	2
3	3	0	Appr	oved	thawing methods use	d	- (2 0	D 1	11	49	8	(Pi	umbir	ng ins	stalled; proper backflow devices	0	0	2
3	-	OUT	inen	nome	eters provided and ac Food I	dentification	-	o c	D 1	d I	50 51	-				I waste water properly disposed es: properly constructed, supplied, cleaned		0	2
3	5	0	Food	prop	erly labeled; original o	ontainer; required records avail	lable (0	D 1		52	c	9 6	arbag	e/refi	use properly disposed; facilities maintained	0	0	1
	-	OUT				Feed Contamination			-	11	53	-	_			itties installed, maintained, and clean	0	0	1
3	-	-			dents, and animals no				+-	-11	54	-	+	dequa	de ve	entilation and lighting; designated areas used	0	0	1
3	_	_				food preparation, storage & dis				-11		ou				Administrative items			
3	-				leanliness ths; properly used an	d stored	- () 1	- 1	55 56					nit posted inspection posted	0	0	0
4	-	0 OUT	Wasł	hing fi	ruits and vegetables	lse of Utensils			D 1	- 6	_	_	_			Compliance Status Non-Smokers Protection Act	YES	NO	WT
4	1	0			nsils; properly stored				2 1		57					with TN Non-Smoker Protection Act	X	읽	
4	_	0	Singl	e-use	/single-service article	properly stored, dried, handled s; properly stored, used			D 1		58 59					ducts offered for sale roducts are sold, NSPA survey completed	0	0	0
_	4				ed properly		-	0 0		_									
serv	ce es	tablis	hmen	t perm	nit. Items identified as o	onstituting imminent health hazard	is shall be co	rrecte	d imm	ediate	ely or	oper	ation	s shall	ceas	Repeated violation of an identical risk factor may result in revo e. You are required to post the food service establishment perm	it in a c	onsp	icuous
геро	rt, T,	C.A. 5	ection	ns 68-	14-703, 68-14-706, 68-14-	in a conspicuous manner. You ha 708, 68-14-709, 68-14-711, 68-14-715				hearir	ng reg	par die	ng this	s repo	nt by f	filing a written request with the Commissioner within ten (10) day	i of the	date	of this
J	V,	17	7	С	ovid		08/05	/20:	20			C	h	h	1.	? th	08/0	5/2	2020
Sigr	natur	e of	Pers	on In	Charge				Dat	e						ental Health Specialist			Date
					,	Additional food safety informat	tion can be	foun	d on	our v	vebs	ite,	http:	//tn.g	ov/h	ealth/article/eh-foodservice ****			
PH-3	2267	(Rev.	6-15)			Free food safety training	classes a	re av	/ailat	ole e	ach	mo	nth a	at the	cou	unty health department.		R	DA 629
						Please call ()	423	3209	981	.10			to sig	gn-up	p for a class.			

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cracker Barrel #29 Establishment Number # 605004905

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)								

Equipment Temperature								
Decoription	Temperature (Fahrenheit)							

ecoription	State of Food	Temperature (Fahrenheit

Obser	ved Violations	
Total #	2	
Repeate	ed # ()	
37:		
49:		
49:		

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cracker Barrel #29 Establishment Number : 605004905

Comments/Other Observations	
D: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 8: 9: 0: 1: 1: 2: 8: 9: 0: 1: 1: 2: 8: 9: 0: 1: 1: 2: 8: 9: 0: 1: 2: 8: 9: 0: 1: 2: 8: 9: 0: 1: 2: 8: 8: 9: 0: 1: 2: 8: 8: 9: 0: 1: 2: 8: 8: 9: 0: 1: 2: 8: 8: 9: 0: 1: 2: 8: 8: 9: 1: 7: 8: 8: 9: 1: 2: 8: 8: 9: 1: 7: 8: 8: 9: 9: 1: 7: 8: 8: 9: 1: 7: 8: 8: 8: 9: 1: 7: 8: 8: 8: 9: 1: 7: 8: 8: 8: 8: 9: 1: 7: 7: 8: 8: 1: 1: 7: 7: 7: 7: 8: 8: 8: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	
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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 #29

Establishment Number : 605004905

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Cracker Barrel #29 Establishment Number # 605004905

Sources		
Source Type:	Source:	

Additional Comments

Priority item #20 corrected. See original report dated 7/27/20.