TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

No. of Concession, Name	100					1002 021													
Estal	bist	hmen	t Nar	ne	Bojangles	s #943										Farmer's Market Food Unit Ø Permanent O Mobile			
Addr					7987 E. E	Brainerd Rd.						Тур	e of E	stabli	shme	O Temporary O Seasonal	J	L	/
City					Chattano	oqa	Time is	01	1.3	0 F	M			. т.		а <u>01:40</u> : <u>РМ</u> ам/рм			
,		-				023 Establishmer					Emba				ne or				
Inspe										_					0	nsultation/Other			
			spect	tion	O Routine	鰳 Follow-up	O Complaint			O Pro	limin	ary		-				00	
Risk	Cat			act	O1	preparation practic	O3 es and employee	behr		04	st co	mm	only			up Required O Yes 🕱 No Number of I to the Centers for Disease Control and Preve		00	
						actors in foodborne	illness outbreak	8. P	ubli	c Hea	ith I	inter	vent	tions	are	control measures to prevent illness or injury.			
			rk de	elgne	ted compliance :											INTERVENTIONS ach item as applicable. Deduct points for category or subce	egory.)	
IN-	in c	ompli	ance		OUT=not in com		NO=not observe				\$=cor	recteo	l on-si	ite durir	ng ins	pection R=repeat (violation of the same code provi			
	IN	OUT	NA	NO		ompliance Status Supervision		cos	R	WT	Ь		010		110	Compliance Status Cooking and Reheating of Time/Temperature	cos	ĸ	WT
1		0				ge present, demonstrate	s knowledge, and	0	0	5			OUT		NO	Control For Safety (TCS) Foods			
	IN	OUT	NA	NO		Employee Healt						0				Proper cooking time and temperatures Proper reheating procedures for hot holding	00	8	5
2 3		0				and food employee awar restriction and exclusion		0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Time as			
		-	NA	NO		Good Hygienic Pract		Ľ		-	18	0	0	0	X	Public Health Control Proper cooling time and temperature	0	0	_
4	S	0				tasting, drinking, or toba			0	5		Š		0		Proper hot holding temperatures	0	0	
		0	NA			rom eyes, nose, and mo enting Contamination		0	0	-		100	8		_	Proper cold holding temperatures Proper date marking and disposition	8	8	5
_	×	0				nd properly washed contact with ready-to-eat	foods or approved	_	0	5	22	0	0	0	×	Time as a public health control: procedures and records	0	0	
	×	0	0	0	alternate proce	dures followed		0	0	Ť		IN	OUT	NA		Consumer Advisory			
	IN	OUT	NA	NO	Handwashing	sinks properly supplied a Approved Source		0	0	2	23	0	0	2		Consumer advisory provided for raw and undercooked food	0	0	4
		0	~			from approved source at proper temperature		8	0				OUT		NO	Highly Susceptible Populations			
11			<u> </u>		Food in good o	condition, safe, and unad		ŏ	ŏ	5	24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	0	0	×	0	destruction	rds available: shell stock	tags, parasite	0	0			IN	OUT		NO	Chemicais			
13			NA	NO		d and protected	nination	0	0	4		0 実		X		Food additives: approved and properly used Toxic substances properly identified, stored, used	0	8	5
14	X	ŏ	ŏ			surfaces: cleaned and sa	nitized	ŏ	ŏ	5	20			NA	NO	Conformance with Approved Procedures	Ľ		
15	2	0			Proper disposit served	tion of unsafe food, retur	med food not re-	0	0	2	27	0	0	実		Compliance with variance, specialized process, and HACCP plan	0	0	5
				God	od Retail Pra	ctices are preventiv	re measures to co						-		gens	, chemicals, and physical objects into foods.			
				00	Tenot in complian	108	COS=come			ALC:			ICE	3		R-repeat (violation of the same code provision)			
	_	0.07	_		C	ompliance Status			R		É					Compliance Status	COS	R	WT
28	_	OUT O	Past	eurizi	ed eggs used w	fe Food and Water here required		0	0	1	45		UT D	ood ar	nd no	Utensils and Equipment nfood-contact surfaces cleanable, properly designed,	0	0	1
29 30	_				d ice from appro obtained for spe	ved source cialized processing meth	hods	8	0	2		+				and used	-	\vdash	-
	_	OUT			Food	Temperature Contro	4			_	46	_				g facilities, installed, maintained, used, test strips	0	0	1
31		0	Prop		oling methods u	ised; adequate equipmer	nt for temperature	0	0	2	47	_	D N UT	ontoo	3-con	tact surfaces clean Physical Facilities	0	0	1
32	_					d for hot holding		0	0		48	_	_			water available; adequate pressure	0		2
33	_				thawing methor eters provided a			0	00		45	_	_			talled; proper backflow devices waste water properly disposed	0	0	2
	_	OUT		- North		ood identification		Ŭ	Ū		51					is: properly constructed, supplied, cleaned	ŏ	ŏ	1
35	;	0	Food	i prog	perty labeled; ori	ginal container; required	records available	0	0	1	52	2 0) G	arbag	e/refi	use properly disposed; facilities maintained	0	0	1
		OUT			Prevention	on of Feed Contamin	ation		_		53	5 0	ס ף	hysica	I faci	ities installed, maintained, and clean	0	0	1
36	:	0	Insec	sts, ro	cdents, and anin	nals not present		0	0	2	54	• •	> ∧	dequa	te ve	ntilation and lighting; designated areas used	0	0	1
37	·	0	Cont	amin	ation prevented	during food preparation,	storage & display	0	0	1		0	υτ			Administrative Items			
38	_	-	-		cleanliness	and and stored		0	0	1	55	_	_		-	nit posted	0	0	0
39 40	_				oths; properly us fruits and vegeta			8	6	1		5 (<u> </u>	iost re	cent	Compliance Status			WT
	_	OUT				oper Use of Utensils			-							Non-Smokers Protection Act			
41	_				nsils; properly s equipment and l	tored inens; properly stored, d	ned handled	8	8	1	57					with TN Non-Smoker Protection Act ducts offered for sale	1X	읭	0
43		0	Sing	e-usi	e/single-service	articles; properly stored, o		0	0	1	55					oducts are sold, NSPA survey completed	ŏ	õ	Ť
44	_				sed properly				0						and to				
servic		stablis	hmer	t per	mit. Items identifie	ed as constituting imminent	t health hazards shall b	e corre	cted i	mmedi	ately o	or ope	ration	s shall	ceas	Repeated violation of an identical risk factor may result in rev e. You are required to post the food service establishment per	it in a c	consp	icuous
						report in a conspicuous m , 68-14-708, 68-14-709, 68-14				e a hea	nng n	egard	ing thi	s repor	t by t	lling a written request with the Commissioner within ten (10) day	s of the	date	of this
	-		\sim							_		1	11	M	n	/		~ 10	2023
							01/2	L3/2	021	3		7	Ρ7	U		ID N	01/1	.312	<u>_</u>
Sign	atur	re of	Pers	on In	Charge		01/2	L3/2	_	3 Date	Sig	Inatu	re of	Enviro	onme	Health Specialist	01/1	.3/2	Date

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA		
1192201 (Nev. 0-10)	Please call () 4232098110	to sign-up for a class.	104 025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Bojangles #943 Establishment Number #: 605241064

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 l'emperature	
Description	Temperature (Fahrenheit)

Food Temperature	State of Food	Temperature (Fahrenheit
•		

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Comments/Other Observations	
D: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 7: 7: 8: 9: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9	
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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: Bojangles #943

Establishment Number : 605241064

Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	
Additional Comments		

#8 Corrected