TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Krystal CHNF09
Establishment Name Address

3150 Broad St． Chattanooga 05／11／2021 Establishment II ORoutine㣪Folow－up －Complaint Time in 11：00．AM Type of Establishment O Fermer＇s Merket Food Unit E Permanent OMobile －Temporary O Seasonal 11：15：AM $A M / P M$ City

Inspection Date Purpose of inspection

O Complaint O Preliminary
03
04
O Consultation／Other
Risk Category 0
22
Folow－up Required
－Yes Q No
Number of Seats 40
Risik Factors are food preparation practces and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborme iliness outbreaks．Public Health Interventions are control measures to prevent iliness or injury．

| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS <br>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ISNein complanot |  |  |  |  | OUT－not in complance | NA | NO－rot coserved |  | Cosecorrected en－site during inspection |  |  |  |  |  |  | $R$－cepent（vidasion of the same code provision） |  |  |  |
| Compliance status |  |  |  |  |  |  |  |  |  | Compliance status |  |  |  |  |  |  | COS ${ }^{\text {R }}$ R |  | WT |
|  | in | Out | NA | NO |  | Supervislon |  |  |  |  | IN | OUT | NA | No |  | Ing and Rehenting of Time／Temperature |  |  |  |
| 1 | E | $\bigcirc$ |  |  | Perscon in charge pr | t，demonstrates knowiedge，and | 0 | 0 | 5 |  |  |  |  |  |  |  |  |  |  |
|  | in | OUT | NA | NO |  |  |  |  |  | 16 | 0 | 0 | 0 |  | Proper | er cooking time and temperatures | 0 | 0 | 5 |
| 2 |  | 0 |  |  | Management andtoco | mployee awareness．reporing | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 没 | 0 |  |  | Proper use of restricion | and exclusion | 0 | 0 | 5 |  | IN | OUt | NA | no |  | a Publle Health Centrol |  |  |  |
|  | IN | OUT | NA | NO | Cood | fyglonie Practices |  |  |  | 18 | 0 | 0 | 0 | \％ | Proper | or cooling time and temperature | 0 | 0 |  |
| ${ }^{\text {}}$ | 5 | 0 |  | 0 | Proper eating tasting | drinking or tobacco use | 0 | 0 | 5 | 19 | － | 0 | 0 | 0 | Proper | er hot holding temperatures | 0 | 0 |  |
| 5 | 2 | 0 |  | 0 | No dscharge from ey | S，nose，and mouth | 0 | 0 | 5 | 20 | 28 | 0 | 0 |  | Proper | er cold hoicing temperanures | 25 | 0 | 5 |
|  | IN | OUT | NA | NO | Proventing | Contamination by Hands |  |  |  | 21 | 5 | 0 | 0 | 0 | Proper | or date marking and dispostion | 0 | 0 | 5 |
| 6 | 㧒 | 0 |  | 0 | Hands clean and prop | crly washed | 0 | 0 |  | 22 | 0 | 0 | ， 3 | 0 | Tim | a a putic heath controt procedures and records | 0 | 0 |  |
| 7 | E | 0 | $\bigcirc$ | $\bigcirc$ | No bare hand contact altemate procedures fo | with ready－to－eat foods or approved dllowed | 0 | 0 | 5 |  | IN | OUT | NA | NO |  | Consumer Advisory |  |  |  |
| 8 | ES | 0 |  |  | Handwashing sinis pr | perly suppled and acoessible | 0 | 0 | 2 | 23 |  | 0 | 0 |  |  | umer advisory provided for raw and undercooked | 0 | 0 | 4 |
|  | IN | OU1 | NA | NO |  | proved souree |  |  |  | 23 | ， | 0 | O |  |  |  | 0 | 0 | 4 |
| 9 | 5 | 0 |  |  | Food obtained from ap | groved source | 0 | 0 |  |  | IN | OUT | NA | NO |  | Highly Suacoptible Populations |  |  |  |
| 10 | 0 | 0 | 0 | \％ | Food received at prop | er temperature | 0 | 0 |  | 24 | 0 | 0 | 运 |  | Pas | rized foods used，prohibted foods not offered | 0 | 0 | 5 |
| 11 | 过 | 0 |  |  | Food in good condition | safe，and unadulterated | 0 | 0 | 5 | 24 | 0 | 0 | 2 |  | Pas | rized loods used，pronibed foods not onered | 0 | 0 |  |
| 12 | $\bigcirc$ | 0 | 28 | $\bigcirc$ | Required records aval destruction | able．shell stock tags，parasite | 0 | 0 |  |  | IN | OUT | NA | NO |  | Chemicals |  |  |  |
|  | IN | OUT | NA | NO | Protectio | （from Contamination |  |  |  | 25 | 0 | 0 | 2 |  | Fooda | addtives approved and properly used | 0 | 0 |  |
| 13 | 2 | 0 | 0 |  | Food separated and pr | otected | 0 | 0 | 4 | 26 | E | 0 |  |  | Toxic | substances properly identried．stored．used | 0 | 0 |  |
| 14 | 发 | 0 | 0 |  | Food－contact surfaces | cleaned and sanitizod | 0 | 0 | 5 |  | IN | OUT | NA | NO |  | Conformance with Approved Procedures |  |  |  |
| 15 | 通 | $\bigcirc$ |  |  | Proper disposition of u served | nsafe food，returned food not re－ | 0 | 0 | 2 | 27 | 0 | 0 | 5 |  | Comp HACC | plance with vanance，specialzed process，and CP plan | 0 | 0 | 5 |

Good Retail Practices are preventive measures to control the introduction of pathogens，chemicals，and physical objects into foods．


[^0]TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

| Establishment Information |
| :--- |
| Establahment Name: Krystal CHNF09 |
| Establahment: Number $: \quad 605261599$ |



| Warewashing Info | sanitizer Type | PPM | Temperature ( Fahrenhelt) |
| :---: | :---: | :---: | :---: |
| Maohline Name |  |  |  |
|  |  |  |  |

Equipment Temperature

| Decoription | Temperature (Fahrenheit) |
| :--- | :--- |
|  |  |


| Food Temperature | state of Food | Temperature ( Fahrenheit) |
| :--- | :--- | :--- |
| Decoription |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Establishment Information

Establishment Name: Krystal CHNF09
Establishment Number: 605261599

## Comments/Other Observations

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${ }^{* *}$ See page at the end of this document for any violations that could not be displayed in this space.

## Additional Comments

See last page for additional comments.

[^1]Comments/Other Observations (cont'd)

Additional Comments (cont'd)

## Establishment Information

Establishment Name: Krystal CHNF09
Establishment Number \#. 605261599

## Sources

Source Type:
Source:

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## Additional Comments

***Priority item \# 20 corrected. See original report dated 5/11/21.***


[^0]:    
     mamer and post the moss recent impection repont in a conspicuous marne．Yeu have the righe to request a bearing regading this repor by fling a wrimen request with the Commissionser within ten（10）digps of the date of this
    
    $\qquad$ 05／11／2021

    05／11／2021

[^1]:    ${ }^{* \cdots}$ See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

