## TENNESSEE DEPARTMENT OF HEALTH DD SERVICE ESTABLISHMENT INSPECTION REPORT

6/230

			FOOD SERVICE ESTABLISHMENT INSPECTION REPORT									SCORE								
N.		11	and the second second		Auntie A	nne's										O Fermer's Market Food Unit		C		
Establishment Name										Тур	xe of E	Establi	shme	ent Permanent O Mobile	<b>M</b>	$\left[ \right]$				
Address 271 Northgate Mall Drive											O Temporary O Seasonal									
City					Hixson		Time in	12	2:1	5 F	PM	A	M/P	M Th	me o	ut 01:00: PM AM / PM				
Insp	ectio	n Da	rte		10/19/2	2020 Establishme	nt#_60530193	57			Emba	rgoe	d 0	)						
Purp	ose	of In	spect		Routine	O Follow-up	O Complaint			_	elimin				Cor	nsultation/Other				
Risk	Cab	egor	v		<b>O</b> 1	第2	03			<b>O</b> 4				Fc	low-	up Required O Yes 縦 No	Number of Se	ats	0	
		_	isk I													to the Centers for Disease Contro control measures to prevent illner	and Prevent		_	
					oncrimening											INTERVENTIONS	is or injery.			
		(14	ırk de	algaat		status (IN, OUT, HA, NO)	for each sumbered Her	n. For		mark	ed 00	п, <b>т</b>	ark G	05 or R	for e	ach Nem as applicable. Deduct points for ca				
IN	in co	ompili	ance			mpliance NA=not applica Compliance Status	ble NO=not observ		R		)s=cor	recte	d on-s	ite duri	ng ins	Compliance Status			R	WT
	IN	ουτ	NA	NO		Supervision						IN	ουτ	NA	NO	Cooking and Roberting of Time/Te				
1	8	0			Person in cha performs dution	rge present, demonstrat Is	es knowledge, and	0	0	5	16	0	0	×	0	Control For Safety (TCS) For Proper cocking time and temperatures	ods	0	0	
2			NA	NO	Management	Employee Healt and food employee awar		0			17	0	0			Proper reheating procedures for hot holding		00	0	•
	_	ō				restriction and exclusion		ō	ō	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking, a Public Health Contro				
	_	_	NA	_		Good Hygienic Prac						0	0	X		Proper cooling time and temperature		00	0	
	×			0	No discharge	tasting drinking or tobe from eyes, nose, and me	outh	0	0	5	20		0			Proper hot holding temperatures Proper cold holding temperatures		0	0	5
	IN I	001	NA			venting Contaminatio and properly washed	n by Hands	0	0	_		*				Proper date marking and disposition		0		Ť
_	2	0	0	0	No bare hand	contact with ready-to-ea edures followed	t foods or approved	0	0	5	22	O IN	O TUO	NA	-	Time as a public health control: procedure Consumer Advisory	s and records	0	0	
8		0	NA	100		sinks properly supplied		0	0	2	23	0	0	12	ne	Consumer advisory provided for raw and	undercooked	0	0	4
9	2	0	_			Approved Source d from approved source	•		0			IN	OUT		NO	food Highly Susceptible Populat	lons			
10 11	0	0	0	*	Food received Food in good	d at proper temperature condition, safe, and una	dulterated	8	00	5	24	0	0	×		Pasteurized foods used; prohibited foods	not offered	0	0	5
	_	0	×	0	Required reco destruction	ords available: shell stock	k tags, parasite	0	0			IN	ουτ	NA	NO	Chemicals			_	
			NA Sil	NO	P	retection from Contai ed and protected	mination	0		_	25	0	0	X		Food additives: approved and properly us Toxic substances properly identified, store		00		5
14	×	ŏ	õ		Food-contact	surfaces: cleaned and si			ŏ			IN N	OUT	NA	NO	Conformance with Approved Pr	ocedures	Ť	_	
15	2	0			Proper dispos served	ition of unsafe food, retu	rned food not re-	0	0	2	27	0	0	黨		Compliance with variance, specialized pro HACCP plan	cess, and	0	0	5
				Goo	d Retail Pro	ctices are preventi	ve measures to c	ontro	l the	intr	oduc	tion	ofp	atho	gens	, chemicals, and physical objects	into foods.			
								GOO	D R	ar/Al	L PR	ACT	ICE	8						
				00	T=not in complia	ince compliance Status	COS=com		n-site R		inspe	ction				R-repeat (violation of the same Compliance Status		COS	R	WT
	_	OUT			5	afe Food and Water			<u> </u>				UT			Utensils and Equipment		_		
2	)	0	Wate	er and	lice from appr			0	8	2	4	5 8				nfood-contact surfaces cleanable, properly and used	aesignea,	0	٥	1
3	_	O OUT		ince d		ecialized processing met d Temperature Contro		0	0	1	4	8   8	≋  v	Varew	ashin	g facilities, installed, maintained, used, tes	strips	0	٥	1
3		0	Prop		oling methods	used; adequate equipme	nt for temperature	0	0	2	4	_	O N	lonfoo	d-cor	tact surfaces clean Physical Facilities		0	0	1
3	_		Plan	t food		ed for hot holding			0	1	4	5 0	0			water available; adequate pressure		0		2
3	_		<u> </u>		thawing metho eters provided			8	0	1	49	_	_			stalled; proper backflow devices waste water properly disposed			0	2
_	_	OUT				Food identification				_	5					s: properly constructed, supplied, cleaned			ŏ	1
3			Food	i prop		riginal container; required		0	0	1	5		-	-		use properly disposed; facilities maintained		0	٥	1
3	_	OUT O	Inser	te ro		ion of Food Contamin mais not present	ation	0	0	2	5	_	-			lities installed, maintained, and clean ntilation and lighting; designated areas use	a	0	0	1
	+	-			-				0	_	F	+	UT	ocque	10 40			-	_	
3	_				leanliness	d during food preparation	, storage & display	0	0	1	5		_	himani	ner	Administrative items nit posted		0		
3		Ó	Wipi	ng cic	ths; properly u	sed and stored		0	0	1	54					inspection posted		0	0	0
4	_	O OUT		hing f	ruits and vege	tables oper Use of Utensils		0	0	1						Compliance Status Non-Smokers Protection A		YES	NO	WT
4		0	In-us		nsils; properly		tiad handlad		8	1	5					with TN Non-Smoker Protection Act ducts offered for sale		8	읭	0
- 4	5	0	Sing	e-use	/single-service	articles; properly stored, of articles; properly stored		0	0	1	5	5				oducts offered for sale oducts are sold, NSPA survey completed		0		5
4	-				ed properly	ter Remonistic con test of			0	_	والمعروم		a state of the		-	Reported electricity of an interview data is seen	and the second se	alar		_
servi	ce es	tablis	shmer	t perm	nit. Items identif	ied as constituting imminer	t health hazards shall b	e corre	cted is	mmed	iately (	or ope	eration	ns shall	ceas	Repeated violation of an identical risk factor n e. You are required to post the food service es lling a written request with the Commissioner w	tablishment permit	in a c	onsp	icuous
						6 68-14-708 68-14-709 68-1						-yard	U	- repo	. oy i	and a written request with the Contrastioner w	man (m) calls	ST DIE	1000	

report. These sectors optierros, optier	100, 00-14-100, 00-14-100, 00-14-11, 00-14-110, 00-14-110, 4-0-220.	<u> </u>	
	10/19/2020	4 mg -	10/19/2020
Signature of Person In Charge	Date	Signature of Environmental Health Specialist	Date
	**** Additional food safety information can be found on ou	r website, http://tn.gov/health/article/eh-foodservice	****
	En la		1

PH-2267 (Rev. 6-15)	Free food safety training classe	RDA 629		
1102001 (1001. 0-10)	Please call (	) 4232098110	to sign-up for a class.	101125

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



#### Establishment Information

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Establishment Name: Auntie Anne's Establishment Number #: 605301937

Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)				
Triple sink	QA	200					

Equipment Temperature	
Description	Temperature (Fahrenheit)

Decoription	State of Food	Temperature (Fahrenheit)
Hot dogs	Cold Holding	40

Observed Violations	
Total # 2	
Repeated # ()	
45:	
46:	

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



### Establishment Information

Establishment Name: Auntie Anne's Establishment Number : 605301937

Comments/Other Observations		
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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: Auntie Anne's

Establishment Number: 605301937

Comments/Other Observations (cont'd)

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

#### Establishment Information

Establishment Name: Auntie Anne's Establishment Number # 605301937

 Sources

 Source Type:
 Water
 Source:

 Source Type:
 Source:

See paper copy for details.