



TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

70

Establishment Name Mikes Smokehouse Type of Establishment ☒ Permanent ☐ Mobile
 Address 3147 S. Broad St.
 City Chattanooga Time in 12:15 PM AM / PM Time out 01:15 PM AM / PM
 Inspection Date 02/08/2023 Establishment # 605243856 Embargoed 0
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
 Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☒ Yes ☐ No Number of Seats 64

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)																								
Compliance Status										COS					R					WT																													
					Supervision																																												
					IN					OUT					NA					NO																													
1					<input type="radio"/>					<input checked="" type="radio"/>										Person in charge present, demonstrates knowledge, and performs duties					<input type="radio"/>					<input type="radio"/>					5														
					IN					OUT					NA					NO																													
2					<input checked="" type="radio"/>					<input type="radio"/>										Management and food employee awareness, reporting					<input type="radio"/>					<input type="radio"/>					5														
3					<input checked="" type="radio"/>					<input type="radio"/>										Proper use of restriction and exclusion					<input type="radio"/>					<input type="radio"/>																			
					IN					OUT					NA					NO																													
																				Good Hygienic Practices																													
4					<input checked="" type="radio"/>					<input type="radio"/>										<input type="radio"/>					Proper eating, tasting, drinking, or tobacco use					<input type="radio"/>					<input type="radio"/>					5									
5					<input checked="" type="radio"/>					<input type="radio"/>										<input type="radio"/>					No discharge from eyes, nose, and mouth					<input type="radio"/>					<input type="radio"/>														
					IN					OUT					NA					NO																													
																				Preventing Contamination by Hands																													
6					<input checked="" type="radio"/>					<input type="radio"/>										<input type="radio"/>					Hands clean and properly washed					<input type="radio"/>					<input type="radio"/>					5									
7					<input checked="" type="radio"/>					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input type="radio"/>					<input type="radio"/>														
8					<input checked="" type="radio"/>					<input type="radio"/>										<input type="radio"/>					Handwashing sinks properly supplied and accessible					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					2				
					IN					OUT					NA					NO																													
																				Approved Source																													
9					<input checked="" type="radio"/>					<input type="radio"/>															Food obtained from approved source					<input type="radio"/>					<input type="radio"/>					5									
10					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>					Food received at proper temperature					<input type="radio"/>					<input type="radio"/>														
11					<input type="radio"/>					<input checked="" type="radio"/>															Food in good condition, safe, and unadulterated					<input type="radio"/>					<input type="radio"/>														
12					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>					<input type="radio"/>					Required records available: shell stock tags, parasite destruction					<input type="radio"/>					<input type="radio"/>														
					IN					OUT					NA					NO																													
																				Protection from Contamination																													
13					<input checked="" type="radio"/>					<input type="radio"/>					<input type="radio"/>										Food separated and protected					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					4				
14					<input checked="" type="radio"/>					<input type="radio"/>					<input type="radio"/>										Food-contact surfaces: cleaned and sanitized					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>									
15					<input checked="" type="radio"/>					<input type="radio"/>															Proper disposition of unsafe food, returned food not re-served					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					2				

Compliance Status										COS					R					WT																													
					Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																																												
					IN					OUT					NA					NO																													
16					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>					Proper cooking time and temperatures					<input type="radio"/>					<input type="radio"/>					5									
17					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>					Proper reheating procedures for hot holding					<input type="radio"/>					<input type="radio"/>														
					IN					OUT					NA					NO																													
																				Cooling and Holding, Date Marking, and Time as a Public Health Control																													
18					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>					Proper cooling time and temperature					<input type="radio"/>					<input type="radio"/>					5									
19					<input checked="" type="radio"/>					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					Proper hot holding temperatures					<input type="radio"/>					<input type="radio"/>														
20					<input checked="" type="radio"/>					<input type="radio"/>					<input type="radio"/>										Proper cold holding temperatures					<input type="radio"/>					<input type="radio"/>														
21					<input type="radio"/>					<input checked="" type="radio"/>					<input type="radio"/>					<input type="radio"/>					Proper date marking and disposition					<input type="radio"/>					<input type="radio"/>														
22					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>					<input type="radio"/>					Time as a public health control: procedures and records					<input type="radio"/>					<input type="radio"/>														
					IN					OUT					NA					NO																													
																				Consumer Advisory																													
23					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>										Consumer advisory provided for raw and undercooked food					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					4				
					IN					OUT					NA					NO																													
																				Highly Susceptible Populations																													
24					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>										Pasteurized foods used; prohibited foods not offered					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					5				
					IN					OUT					NA					NO																													
																				Chemicals																													
25					<input type="radio"/>					<input type="radio"/>					<input checked="" type="radio"/>										Food additives: approved and properly used					<input type="radio"/>					<input type="radio"/>					5									
26					<input checked="" type="radio"/>					<input type="radio"/>															Toxic substances properly identified, stored, used					<input type="radio"/>					<input type="radio"/>														
					IN					OUT					NA					NO																													
																				Conformance with Approved Procedures																													
27					<input type="radio"/>					<input checked="" type="radio"/>					<input type="radio"/>										Compliance with variance, specialized process, and HACCP plan					<input type="radio"/>					<input type="radio"/>					<input type="radio"/>					5				

**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	100	

Equipment Temperature

Description	Temperature (Fahrenheit)
All refrigeration @ 41°F or below. Product temperatures taken from	

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Mac & Cheese (Steam table)	Hot Holding	170
Mashed Potatoes (steam table)	Hot Holding	188
Potato Salad (low boy)	Cold Holding	41
Cole Slaw (low boy)	Cold Holding	41
Chicken Wings (low boy 2)	Cold Holding	40
Brisket (holding cabinet)	Hot Holding	172
BBQ Pork (steam table 2)	Hot Holding	180
Ribs (holding cabinet)	Hot Holding	164

Observed Violations

Total # 14

Repeated # 0

1: Active managerial control over foodborne illness risk factors not provided at time of inspection.

11: Severly dented canned goods noted in dry storage area on can rack. Recommend removing and separating canned goods that are not of sound condition and labeling canned goods "RTV" or "Do Not Use".

21: Proper disposition of datemarked, TCS, ready-to-eat foods held longer than 24 hrs not provided. Discussed proper datemarking policy/procedures at time of inspection with PIC.

27: Establishment is required to have a variance or HACCP plan when performing special processes such as vacuum packing/reduced oxygen packaging. Establishment performing vacuum packaging without submitting a HACCP plan and application to the State of TN for approval. Discontinue use of vacuum sealer until HACCP plan is submitted and approved. Discussed previous routine inspection.

37: Bulk foods stored on floor in prep area. Uncovered/unprotected food items noted in walk in freezer unit. Bulk tea urns not properly covered/protected at wait station.

39: Wet wiping cloth solution soiled/dirty.

41: In use ice scoop stored with handle in ice. Store handle up to minimize manual contact with product.

42: Clean dishes stored on dirty surfaces.

43: Single service products stored on floor. Must be 6" off floor.

45: Excessive ice build up noted in walk in freezer unit.

47: Numerous non-food contact surfaces dirty in prep, dishwashing, and storage areas.

52: Debris and refuse noted around waste receptacle. Discussed with PIC regarding proper disposal/maintenance.

53: Floors dirty behind/underneath equipment. Walls in poor repair in dry storage area. Exposed, loose insulation noted on floors/walls in dry storage area. Mop sink excessively soiled/dirty.

54: Designated areas not utilized for personal items away from food or clean dishes.

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Comments/Other Observations

- 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.
- 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.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 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.
- 20: (IN) TCS foods holding at 41°F or below. 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.
- 57: (IN) Establishment does not allow smoking inside facility.
- 58: (IN): Tobacco products not sold at establishment.

***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.

***See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

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Sources

Source Type:	Food	Source:	Approved sources noted
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Source Type: Water Source: Public

Source Type: Source:

Source Type: _____ Source: _____

Source Type: Source:

Additional Comments