

Purpose of Inspection

Risk Category

Routine

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Cracker Barrel #29 Establishment Name Permanent O Mobile Type of Establishment 1460 N. Mack Smith Rd. O Temporary O Seasonal Address East Ridge Time in 01:30 PM AM / PM Time out 02:00; PM AM / PM City 07/28/2023 Establishment # 605004905 Embargoed 0 Inspection Date 日本 Follow-up

Number of Seats 205 ase Control and Prevention

O Preliminary

O Consultation/Other

Follow-up Required

O Complaint

О3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

ited compliance status (IN, OUT, HA, HO) for ea

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | | | ed | | Ö |
|--|-------------------|-----|----|----|---|----|---|----|
| | Compliance Status | | | | | | | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | × | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | ЭX | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | 寒 | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | 300 | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | 0 |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 滋 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 氮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | Æ | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| | | | | | Compliance Status | cos | R | WT |
|----|----|-----|-----|-----|---|--------------------------------|---|----|
| | IN | оит | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | 0 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | NA | NO | cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | - | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | • |
| 22 | X | 0 | 0 | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | × | 0 | 0 | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | Highly Susceptible Populations | | |
| 24 | 0 | 0 | 335 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | X | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

O Yes 疑 No

s to control the introduction of pathogens, chemicals, and physical objects into foods.

| | | OUT=not in compliance COS=con | ected or | 1-site | du |
|----|-----|--|----------|--------|----|
| | | Compliance Status | cos | | |
| | OUT | Safe Food and Water | | _ | _ |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | г |
| 29 | 0 | Water and ice from approved source | 0 | 0 | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | - |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | 1 |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | г |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 涎 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | ŀ |
| 38 | 0 | Personal cleanliness | 0 | 0 | г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | г |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | Г |
| | OUT | Proper Use of Utensils | | | |
| 41 | 120 | In-use utensils; properly stored | 0 | 0 | г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | |
| 44 | 10 | Gloves used properly | 0 | 0 | |

| specti | | R-repeat (violation of the same code provision Compliance Status | cos | R | W |
|--------|-----|--|-------|----|-----|
| | OUT | Utensils and Equipment | 1000 | | |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | - |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | , |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | - |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | _: |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | -: |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | - 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | _ |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | ١ ١ |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | ' |
| | OUT | Administrative Items | | | |
| 55 | 0 | Current permit posted | 0 | 0 | Г |
| 56 | 0 | Most recent inspection posted | 0 | 0 | L. |
| | | Compliance Status | YES | NO | W |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 100 | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ (|
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

and post the most recent inspection report in a conspicuous manner. You have the right to request a hi ten (10) days of the date of the

Signature of Person In Charge

07/28/2023

Date Signature of Environmental Health Specialist

07/28/2023

Date

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 4232098110 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | |
|--|-------------------------------|---------------------------|----------------------|----------|
| Establishment Name: Cracker Barrel # | | | | |
| Establishment Number #: [605004905 | | | | |
| | | | | |
| NSPA Survey - To be completed if | | | | |
| Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older. | | • | | |
| Age-restricted venue does not require each per | son attempting to gain entry | to submit acceptable form | n of identification. | |
| "No Smoking" signs or the international "Non-Si | moking" symbol are not cons | picuously posted at every | entrance. | |
| Garage type doors in non-enclosed areas are n | not completely open. | | | |
| Tents or awnings with removable sides or vents | s in non-enclosed areas are r | not completely removed o | r open. | |
| Smoke from non-enclosed areas is infiltrating in | nto areas where smoking is p | rohibited. | | |
| Smoking observed where smoking is prohibited | by the Act. | | | |
| | | | | |
| Warewashing Info | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fah | renhelt) |
| | | | | |
| | | | | |
| Equipment Temperature | | | Temperature (Fah | |
| | | | | |
| - 1- | | | • | |
| Food Temperature | | 1.01.0 | 1= 1 | |
| Description | | State of Food | Temperature (Fah | renheit) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| bserved Violations | |
|---|---|
| otal # 2 epeated # 0 | |
| epeated # () | |
| 6: | |
| 1: | |
| 1. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| "See page at the end of this document for any violations that could not be displayed in this space. | _ |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Name: Cracker Barrel #29 Establishment Number: 605004905 Comments/Other Observations 1: 2: 33 | Establishment Information | |
|--|--|--|
| Comments/Other Observations | Establishment Name: Cracker Barrel #29 | |
| | Establishment Number: 605004905 | |
| | Comments/Other Observations | |
| 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 177: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: | | |
| 2. 3. 4. 5. 6. 7. 8. 9. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 | 1. 2· | |
| 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: | 2. 3: | |
| 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 22: 23: 24: 25: 26: 27: 57: | 4: | |
| 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: | 5: | |
| 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: | 6: 7. | |
| 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: | /: g. | |
| 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: | o. g. | |
| 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 22: 23: 24: 25: 26: 27: 57: | 10: | |
| 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 22: 22: 22: 22: 23: 24: 25: 26: 27: 57: | 11: | |
| 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: | 12: | |
| 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: | 13: 14: | |
| 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: | 14. 15 [.] | |
| 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: | 16: | |
| 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: | 17: | |
| 19: 20: 21: 22: 23: 24: 25: 26: 27: 27: | 18: | |
| 20. 21: 22: 23: 24: 25: 26: 27: | 19: 20: | |
| 22: 23: 24: 25: 26: 27: | 20. 21· | |
| 23: 24: 25: 26: 27: 57: | 22: | |
| 24: 25: 26: 27: 57: | 23: | |
| 25: 26: 27: 57: | 24: | |
| 26: 27: 57: | 25: 26: | |
| 57: | ∠0. 27· | |
| | 57: | |
| 58: | 58: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ***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. | |
| Goo mae paga iar addinaana cammaniar | |
| | |
| | |
| | |
| | |
| | |
| | |

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

| 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 Information | The state of the s | | | |
|---|--|--|--|--|
| Establishment Name: Cracker Barrel #29 | | | | |
| Establishment Number #: 605004905 | | | | |
| Sources | | | | |
| Source Type: | Source: | | | |
| Source Type: | Source: | | | |
| Source Type: | Source: | | | |
| Source Type: | Source: | | | |
| Source Type: | Source: | | | |
| Additional Comments | | | | |
| **Priority item #20 corrected. See original report date | d 7/19/23.** | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |