TENNESSEE DEPARTMENT OF HEALTH

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CONTENTS.

| States. | 200 | | | | | FOOD SERV | ICE ESTA | BL | ISH | м | ENT | r 11 | NSI | PEC | ТЮ | ON REPORT | COR | E | |
|---------|----------|----------|--------|---------|--|--|-----------------|--|--------|------|--------|------------|--------|-----------|---------|--|------------|------------|-----|
| N. | | H H | T. I. | | | | | | | | | | | | | | | | |
| Est | abisi | nem | t Nar | | Zaxby's | | | Type of Establishment O Farmer's Market Food Unit O Mobile | | | | | | | | יֿן | く | | |
| Add | iress | | | | 719 S. Mt. Juliet Rd. Type of Establishment O Temporary O Seasonal | | | | | | | | | | J | | | | |
| City | | | | ĺ | Mount Juli | C remporary C seasonal | | | | | | | | | | | | | |
| Insc | ectio | n Da | rte | - i | 03/04/20 | 024 Establishment # | 60521786 | 4 | | | Emba | - irgoe | d C |) | | | | | |
| | | | spect | | Routine | O Follow-up | O Complaint | | | - | elimin | | | | Cor | sultation/Other | | | |
| Risi | Cat | egon | | | 01 | 882 | 03 | | | 04 | | | | Fo | ilow- | up Required O Yes 窥 No Numbe | r of Seat | 70 |) |
| | | | isk i | acto | ors are food p | reparation practices | and employee | | vior | 8 mc | | | | y repo | rtec | to the Centers for Disease Control and Pre | ventio | | |
| | | | | as c | ontributing fa | | | | | | | | | | | control measures to prevent illness or injur INTERVENTIONS | y . | | |
| | | (44 | ırk de | elgnet | ed compliance st | | | | | | | | | | | ach item as applicable. Deduct points for category or su | bontegor | y.) | |
| IN | ⊨in c | ompii | ance | | | fiance NA=not applicable mpliance Status | NO=not observe | | R | |)S=cor | recte | d on-s | site duri | ng ins | pection R=repeat (violation of the same code p Compliance Status | | S R | WT |
| | IN | OUT | NA | NO | | Supervision | | | | | | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperatur | _ | | |
| 1 | 鬣 | 0 | | | Person in charge performs duties | e present, demonstrates k | mowledge, and | 0 | 0 | 5 | 16 | 22 | 0 | 0 | 0 | Control For Safety (TCS) Foods Proper cooking time and temperatures | | | |
| | | | NA | NO | | Employee Health | | _ | | | | õ | ŏ | ŏ | | Proper reheating procedures for hot holding | ŏ | 8 | 5 |
| 23 | XX | 0 | | | | nd food employee awarene estriction and exclusion | ess; reporting | 8 | 0 | 5 | | IN | ουτ | NA | NO | Cooling and Holding, Date Marking, and Time a Public Health Control | | | |
| - | | - | NA | | , | Good Hygienic Practice | •• | - | - | | 18 | 0 | 0 | 0 | X | Proper cooling time and temperature | - | То | T |
| 4 | X | 0 | | | | asting, drinking, or tobacci | | 0 | 0 | 5 | 19 | X | 0 | | 0 | Proper hot holding temperatures | 10 | 0 | 1 |
| 5 | XX IN | OUT | NA | | | om eyes, nose, and mouth nting Contamination b | | 0 | 0 | _ | | 24 | 8 | 8 | | Proper cold holding temperatures Proper date marking and disposition | | 8 | 5 |
| 6 | 嵩 | 0 | | 0 | Hands clean and | d properly washed | | 0 | 0 | | | 0 | 0 | X | | Time as a public health control: procedures and recor | | - | 1 |
| 7 | | 0 | 0 | | No bare hand co alternate proced | ontact with ready-to-eat fo dures followed | ods or approved | 0 | 0 | ° | | IN | OUT | | | Consumer Advisory | | - | I |
| 8 | 1 | 0 | NA | | | inks properly supplied and Approved Source | accessible | 0 | 0 | 2 | 23 | 0 | 0 | 12 | | Consumer advisory provided for raw and undercooke food | d o | 0 | 4 |
| 9 | 黨 | | nea | | Food obtained fr | rom approved source | | 0 | 0 | | H | IN | OUT | NA | NO | Highly Susceptible Populations | - | - | |
| 10 | 0 | 0 | 0 | | | at proper temperature | | 0 | 0 | 5 | 24 | 0 | 0 | 88 | | Pasteurized foods used; prohibited foods not offered | - 0 | 0 | 5 |
| | <u>米</u> | 0 | X | | | indition, safe, and unadult is available: shell stock ta | | 0 | 0 | Ĩ | H | IN | OUT | - | NO | Chemicals | | - | |
| | | | NA | - | destruction Prof | tection from Contamin | ation | - | | _ | 25 | 0 | | X | | Food additives: approved and properly used | - 0 | То | - |
| 13 | 12 | 0 | 0 | | Food separated | and protected | | | 0 | | 26 | 民 | 0 | | | Toxic substances properly identified, stored, used | | ŏ | 5 |
| | | 0 | 0 | | | urfaces: cleaned and sanit on of unsafe food, returne | | | 0 | 5 | | _ | - | NA | | Confermance with Approved Precedures Compliance with variance, specialized process, and | _ | - | - |
| 15 | 篾 | 0 | | | served | on or unsale lood, learne | a lood hot le- | 0 | 0 | 2 | 27 | 0 | 0 | 窝 | | HACCP plan | 0 | 0 | 5 |
| | | | | Goo | d Retail Pract | tices are preventive | measures to co | ntro | l the | intr | oduc | tion | of | atho | gens | , chemicals, and physical objects into food | | | |
| | | | | | | | | | | | L PR | | | 8 | | | | | |
| | | | | 00 | F=not in complianc | e mpliance Status | COS=corre | | n-site | | inspe | ction | | | | R-repeat (violation of the same code provisi Compliance Status | | SR | WT |
| | _ | OUT | | | Saf | e Food and Water | | | | | | 0 | UT | _ | | Utensils and Equipment | | | |
| | 8 9 | | | | d eggs used who ice from approve | | | 8 | 8 | 1 | 4 | s 1 | | | | nfood-contact surfaces cleanable, properly designed, and used | 0 | 0 | 1 |
| 3 | 0 | | Varia | | btained for speci | ialized processing method Temperature Control | \$ | Ŏ | Õ | Ĩ | 4 | 6 (| - | | | g facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 5 | 1 | 0 | _ | er coo | | ed; adequate equipment f | for temperature | 0 | 0 | 2 | 4 | _ | | Vonfoo | d-con | tact surfaces clean | 0 | 0 | 1 |
| | | - | contr | | - | | | | | | | _ | UT | | | Physical Facilities | | | |
| _ | 2 3 | | | | properly cooked thawing methods | | | | 8 | 1 | 4 | _ | - | | | water available; adequate pressure talled; proper backflow devices | | 8 | |
| 3 | 4 | 0 | | | eters provided an | nd accurate | | 0 | 0 | 1 | 5 | _ | 0 8 | Sewage | and | waste water properly disposed | 0 | 0 | 2 |
| _ | _ | OUT | - | | | od identification | | | | | 5 | _ | | | | s: properly constructed, supplied, cleaned | 0 | | |
| 3 | 5 | | Food | prop | - | inal container; required re | | 0 | 0 | 1 | 5 | | - | - | | use properly disposed; facilities maintained | 0 | - | |
| - | 6 | OUT | Inse | ts 10 | dents, and anima | n of Food Contaminati als not present | en | 0 | 0 | 2 | 5 | -+- | | | | ities installed, maintained, and clean ntilation and lighting; designated areas used | 0 | - | |
| | 7 | - | | | | during food preparation, st | orage & display | 0 | 0 | 1 | F | + | UT | | | Administrative items | | 10 | |
| | 8 | | | | leanliness | | | 0 | 0 | 1 | 5 | 5 0 | 0 | Sument | perm | nit posted | 0 | 0 | |
| - 3 | 9 | Ó | Wipir | ng clo | ths; properly use | | | 0 | 0 | 1 | | | - | | - | inspection posted | 0 | 0 | 1 ° |
| 4 | 0 | 0 OUT | Was | hing fr | ruits and vegetat | bies per Use of Utensils | | 0 | 0 | 1 | | _ | _ | | | Compliance Status Non-Smokers Protection Act | YE | S NO | WT |
| _ | 1 | 2 | | | nsils; properly sto | ored | | | 0 | | 5 | | | | | with TN Non-Smoker Protection Act | 22 | 1 0 | 1 |
| _ | 23 | | | | | tens; properly stored, drie inticles; properly stored, us | | | 0 | | 54 | 8 | | | | ducts offered for sale oducts are sold, NSPA survey completed | | 0 | |
| | | | | | ed properly | in contrast, programly accorded, do | | ŏ | ŏ | 1 | Ľ | | | | Jul pri | are seed the construct southward | | 10 | |

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C. 4 sections (8-14-70), 68-14-706, 68-14-706, 68-14-716

| J T | 03/04/2024 | AAA | 03/04/2024 |
|-------------------------------|------------|--|------------|
| Signature of Person In Charge | Date | Signature of Environmental Health Specialist | Date |

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

| PH-2267 (Rev. 6-15) | Free food safety training class | | th at the county health department. | RDA 629 |
|---------------------|---------------------------------|--------------|-------------------------------------|---------|
| 1192201 (Nev. 0-10) | Please call (|) 6154445325 | to sign-up for a class. | 104.025 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Zaxby's Establishment Number #: 605217864

| Warewashing Info | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | |
| 3 comp sink | QA | 300 | | | | | | |

| Equipment Temperature | | |
|-----------------------|--------------------------|--|
| Description | Temperature (Fahrenheit) | |
| Randell ric | 31 | |
| Hoshizaki rif | 4 | |
| Wic | 37 | |
| Wif | 0 | |

| Food Temperature | | |
|-------------------|---------------|--------------------------|
| Decoription | State of Food | Temperature (Fahrenheit) |
| Diced tomatoes | Cold Holding | 40 |
| Grilled chicken | Hot Holding | 138 |
| Chicken tenders | Hot Holding | 178 |
| Boneless wings | Hot Holding | 163 |
| Grilled chicken | Cooking | 171 |
| Chicken tenders | Cooking | 200 |
| Chicken filet raw | Cold Holding | 38 |
| Chicken tenders | Cold Holding | 40 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total # 7

Repeated # 0

35: Squeeze bottles stored in ric on make line not labeled

37: Employee drink stored on table with gloves and sauce containers by hand sink

41: Scoop handle laying down in seasoning salt

42: Large plastic bins stacked wet on shelf in dish area

45: Green cutting board severely grooved hanging on shelf in dish area

47: Inside ric dirty.

53: Food debris on floor around drive thru area and grease/oil build up on floor around equipment.



Establishment Name: Zaxby's

Establishment Number : 605217864

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Discussed policy with pic
- 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: Employees washing hands when returning from break. Employee washed hands when entering kitchen
- 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: See source info

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of 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: See food temps
- 17: (NO) No TCS foods reheated during inspection.
- 18: No food being cooled during inspection
- 19: See food temps
- 20: See food temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 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.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.
- 57: 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.

***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: Zaxby's

Establishment Number: 605217864

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Zaxby's

Establishment Number #: 605217864

| Sources | | | |
|--------------|-------|---------|---------------------|
| Source Type: | Food | Source: | PFG, Flowers Bakery |
| Source Type: | Water | Source: | City |
| Source Type: | | Source: | |
| Source Type: | | Source: | |
| Source Type: | | Source: | |
| | | | |

Additional Comments