

**TENNESSEE DEPARTMENT OF HEALTH**  
**FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

**SCORE**

97

Establishment Name Krystal CHN010 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
 Address 4868 Hixson Pike ☐ Temporary ☐ Seasonal  
 City Hixson Time in 11:15 AM AM / PM Time out 12:10 PM AM / PM  
 Inspection Date 03/24/2021 Establishment # 605304870 Embargoed \_\_\_\_\_  
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other \_\_\_\_\_  
 Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 62

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

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

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

## GOOD RETAIL PRACTICES

OUT=not in compliance

COS=corrected on-site during inspection

Compliance Status				COS	R	WT
	OUT	Safe Food and Water				
28	<input type="radio"/>	Pasteurized eggs used where required		<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source		<input type="radio"/>	<input type="radio"/>	2
30	<input type="radio"/>	Variance obtained for specialized processing methods		<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control				
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control		<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/>	Plant food properly cooked for hot holding		<input type="radio"/>	<input type="radio"/>	1
33	<input type="radio"/>	Approved thawing methods used		<input type="radio"/>	<input type="radio"/>	1
34	<input type="radio"/>	Thermometers provided and accurate		<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification				
35	<input type="radio"/>	Food properly labeled; original container; required records available		<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination				
36	<input type="radio"/>	Insects, rodents, and animals not present		<input type="radio"/>	<input type="radio"/>	2
37	<input checked="" type="radio"/>	Contamination prevented during food preparation, storage & display		<input type="radio"/>	<input type="radio"/>	1
38	<input type="radio"/>	Personal cleanliness		<input type="radio"/>	<input type="radio"/>	1
39	<input type="radio"/>	Wiping cloths, properly used and stored		<input type="radio"/>	<input type="radio"/>	1
40	<input type="radio"/>	Washing fruits and vegetables		<input type="radio"/>	<input type="radio"/>	1
	OUT	Proper Use of Utensils				
41	<input type="radio"/>	In-use utensils; properly stored		<input type="radio"/>	<input type="radio"/>	1
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled		<input type="radio"/>	<input type="radio"/>	1
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used		<input type="radio"/>	<input type="radio"/>	1
44	<input type="radio"/>	Gloves used properly		<input type="radio"/>	<input type="radio"/>	1

R-repeat (violation of the same code provision)

Compliance Status				COS	R	WT
	OUT	Utensils and Equipment				
45	<input checked="" type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		<input type="radio"/>	<input type="radio"/>	1
46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips		<input type="radio"/>	<input type="radio"/>	1
47	<input type="radio"/>	Nonfood-contact surfaces clean		<input type="radio"/>	<input type="radio"/>	1
	OUT	Physical Facilities				
48	<input type="radio"/>	Hot and cold water available; adequate pressure		<input type="radio"/>	<input type="radio"/>	2
49	<input type="radio"/>	Plumbing installed; proper backflow devices		<input type="radio"/>	<input type="radio"/>	2
50	<input type="radio"/>	Sewage and waste water properly disposed		<input type="radio"/>	<input type="radio"/>	2
51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned		<input type="radio"/>	<input type="radio"/>	1
52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained		<input type="radio"/>	<input type="radio"/>	1
53	<input checked="" type="radio"/>	Physical facilities installed, maintained, and clean		<input type="radio"/>	<input type="radio"/>	1
54	<input type="radio"/>	Adequate ventilation and lighting; designated areas used		<input type="radio"/>	<input type="radio"/>	1
	OUT	Administrative Items				
55	<input type="radio"/>	Current permit posted		<input type="radio"/>	<input type="radio"/>	0
56	<input type="radio"/>	Most recent inspection posted		<input type="radio"/>	<input type="radio"/>	
		Compliance Status		YES	NO	WT
		Non-Smokers Protection Act				
57		Compliance with TN Non-Smoker Protection Act		<input checked="" type="radio"/>	<input type="radio"/>	
58		Tobacco products offered for sale		<input type="radio"/>	<input type="radio"/>	0
59		If tobacco products are sold, NSPA survey completed		<input type="radio"/>	<input type="radio"/>	

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.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

	03/24/2021		03/24/2021
Signature of Person In Charge	Date	Signature of Environmental Health Specialist	Date

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

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



<b>Establishment Information</b>	
Establishment Name:	Krystal CHN010
Establishment Number #:	605304870

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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.	

<b>Warewashing Info</b>			
<b>Machine Name</b>	<b>Sanitizer Type</b>	<b>PPM</b>	<b>Temperature ( Fahrenheit)</b>
Triple Sink	QA	200	

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>
yellow cheese	Cold Holding	39
Dairy	Cold Holding	39
Mayo	Cold Holding	39
Cream	Cold Holding	39
Bacon	Cold Holding	39

### Observed Violations

Total # 3

Repeated # 0

37: Sanitizer bucket with towels in it at less than 200 PPM QA sanitizer.  
45: Rusted Racks.  
53: Floors dirty underneath/behind equipment in storage area.

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***Establishment Information***

Establishment Name: Krystal CHN010

Establishment Number : 605304870

***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.***

\*\*\*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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Establishment Name: Krystal CHN010

Establishment Number : 605304870

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

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**Sources**

Source Type:	Source:
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**Additional Comments**