TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

			FOOD SERVICE ESTABLISHMENT INSPECTION REPORT											DRE											
S.	-1144																ſ								
Establishment Name			Starbucks #48565 2021 E. Brainord Dd Sto 101 Type of Establishment O Fermer's Market Food Unit Permanent O Mobile																						
Address			8021 E Brainerd Rd Ste 101 O Temporary O Seasonal													/									
			Cha	Chattanooga Time in 01:05 PM AM / PM Time out 02:10; PM AM / PM																					
Inspe	etic	n Di	nte		10/	/13/2	2023	3 _{Est}	tablishm	nent#	6052599	_		_`_		_									
Purp				tion	10 Ro			OFolio		-	O Compla			_	relimir				Co	nsultation/Other					
Risk Category 😹1 O2 O3 O4 Follow-up Required O Yes 🕅						No Number of	Seats	74																	
Risk Factors are food preparation practices and employee be as contributing factors in foodborne illness outbreaks.																e Control and Preve									
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS (Wark designated compliance status (IK, OUT, KA, 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 ci		ance	10-10		not in com	piance	NA=n	not applic	icable	NO=not obse	rved	For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or su COS=corrected on-site during inspection R=repeat (violation of the same code p							tion of the same code provi	sion)				
	IN OUT NA NO				c	omplia	ance S	Status			cos	COS R WT			Compliance Status					cos	R	WT			
\rightarrow	-	0			Perso						wiedge, and	0	0	5		IN		T NA	NO	Contro	I For Safety	(TCS) Foods			
	IN	OUT	NA	NO		rms dutie	E	_	ee Hea						17	00				Proper cooking tin Proper reheating p			0	0	5
2		0			_	igement a er use of i					s; reporting	0	0	5		IN	ou	T NA	NO	-	olding, Date Public Healti	Marking, and Time as h Control			
	IN	OUT	NA						nic Pra							0			_	Proper cooling tim	e and tempera	ature	0	0	
4	1	0		0	No di	er eating. scharge f	from eye	es, nose	e, and n	mouth		0	0	5	20		0			Proper hot holding Proper cold holding	g temperature	6	0	0	5
			NA			Prev Is clean a				ion by i	Hands	0	0				-			Proper date marki			0	0	Ĩ
	×	0	0	0		are hand are proce				eat food	is or approved	0	0	5		22 O O 💥 O Time as a public health control: procedures and recor								~	
8	in N	001	NA	NO		washing	sinks pr	roperly s	supplied od Sour	d and ac rce	ccessible	0	0	2	23	0	0	黛		Consumer adviso food	ry provided for	r raw and undercooked	0	0	4
			0	1.52		obtained received						0	00			IN	-		NO			Populations			
11	×	0		_	Food	in good o	condition	n, safe,	, and un	hadultera	ated parasite	0	0	5	24	-	-	-				ted foods not offered	0	0	5
		O OUT	X	0 NO	destru	uction				aminat		0	0		25		00	T NA	NO	Food additives: ap	Chemics proved and pr		0	0	
13	2	0		-	Food	separate	d and p	protected	юd			8	8	-	20	×	0		, NO	Toxic substances	properly ident		ŏ	ŏ	5
14 15		0	0	1		er disposi					ood not re-	0	0	5	27	1N 0	-	_	NO			ialized process, and	0	0	5
	_			God	d Re	tail Pra	ctices	are p	revent	tive m	easures to	contro	d the	e inti	rodu	ction	n of	patho	geni	s, chemicals, ar	d physical	objects into foods.			
												GO	DD R	ETA	IL PI	UAC'	TICE	8							
				01	IT=not i	n compliar Ce		ance S	Itatus		COS=α			durin WT	a insp	ection					peat (violation o iance Statu	of the same code provision)	COS	R	WT
28	_	OUT	Past	euriz	Safe Food and Water ed eggs used where required					0	0	1			OUT Utensils and Equ Food and nonfood-contact surfaces clear										
29	_	0	Wate	er an	d ice fro	ce from approved source tained for specialized processing methods				8	0	2	\vdash	-	~	constru	ucted,	and used			0	0	1		
		OUT	_		Food Temperature Control coling methods used; adequate equipment for temperature						-		4	-	_			ng facilities, installe Intact surfaces clear		used, test strips	0	0	1		
31		0	cont	rol						ment for	temperature	0	0	2		OUT Physical Facilities									
32						rly cooke ng metho			ng			8	0			O Hot and cold water available; adequate pressure O Plumbing installed; proper backflow devices						0	00	2	
34	_	0		mom	eters p	xovided a			ation			0	0	1	_	50 O Sewage and waste water properly disposed 51 O Toilet facilities: properly constructed, supplied, cleaned						0	0	2	
35	_	0	_	d prop	Food Identification properly labeled; original container; required records available			0	0	1	. –	52 O Garbage/refuse properly disposed; facilities maintained							0	0	1				
	_	OUT	_			reventi				Instion	1				. –	3	-			ilities installed, mai			0	0	1
36	-	-	-			, and anir						0	0	2		-	-	Adequ	ate ve	entilation and lightin			0	0	1
37	_	0					during	food pre	eparatio	on, stora	age & display	0	0	1			TUC	0	1 0.000		strative iten	ns -			
38		Ó	Wipi	ng ci		roperly us		stored				0	0			6 6				mit posted inspection posted			0	0	0
40	_	O	_	hing	fruits a	nd veget Pro		se of U	Utensili	8		0	0	1						Non-S	ance Status mokers Prot	ection Act	YES	NO	WT
41						properly s ent and l		property	v stored	dried	handled	8	8	1		7 8				with TN Non-Smol oducts offered for s		Act	8	8	0
4		0	Sing	le-us		e-service						0		1		9				roducts are sold, N		peted	ō	õ	-
							tor items	s within f	ten (10) -	days ma	y result in sus	-	1 -		servi	ce est	ablist	vment p	ermit.	Repeated violation	of an identical r	isk factor may result in revo	cation	of you	ur food
mann	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. section (8-14-70, 68-14-706, 68-14-709, 68-14-709, 68-14-711, 68-14-716, 4-5-329.																								
repor	. 1.	-	/	7 (d	10.703,	08-14-705	, 66-34-7	ve, ed-14	e-r09, 68	-14-/11,				n				1	7	ΛΛ			10/4	210	0000
Sinn	V atur	ie of	Perc	ion k	h Char	00	/				10	/13/2		3 Date	8	anat	ure o	t Emái	00000	ental Health Spec	alist		10/1	.3/2	Date
- Gri	and	~ 01		agen 11		g~	···· A	ddition	al food	safety	information of	an be f				-				health/article/eh-f					2400
										-										unty health depa					

PH-2267 (Rev. 6-15)	Free food safety training clas		nth at the county health department.	RDA 629
1102201 (101.0-10)	Please call () 4232098110	to sign-up for a class.	101113

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Starbucks #48565 Establishment Number #: 605259989

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 wenty-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.	
Sarage 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 (Fahrenhelt)				
Dish machine Sani Bucket	High temp QA	300	173				

Equipment Temperature						
Decoription	Temperature (Fahrenheit)					
Reach In Cooler	39					
Tall Reach In Cooler	40					

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
RI 1 half and half	Cold Holding	39
RI 2 whole milk	Cold Holding	
RI 3 half and half	Cold Holding	38
RI 4 egg sandwich	Cold Holding	40
RI 5 egg bites	Cold Holding	38
RI 6 milk	Cold Holding	41
RI 7 half and half	Cold Holding	38
Tall RI 1 egg sandwich	Cold Holding	41
Tall RI 2 milk	Cold Holding	40

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: Employee Health Policy is posted. PIC and employees are aware of reportable symptoms and illnesses.

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: Proper handwashing frequency and methods were observed.

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: Food is obtained from approved source

- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No TCS foods cooked at this location.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: See 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: Starbucks #48565

Establishment Number : 605259989

Comments/Other Observations (cont'd)

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

Establishment Information

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Sources							
Source Type:	Water	Source:	Public				
Source Type:	Food	Source:	Penske milk, Calavo, RDC				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					

Additional Comments