

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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-		v	n	_

O Farmer's Market Food Unit Cafe on the Corner Remanent O Mobile Establishment Name Type of Establishment 826 Scenic Hwy. O Temporary O Seasonal Address Lookout Mtn Time in 02:45 PM AM/PM Time out 02:50; PM AM/PM City 05/27/2021 Establishment # 605245609 Embargoed 1 Inspection Date ∰ Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Number of Seats 135 ase Control and Preventio

Follow-up Required

O Yes 疑 No

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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

	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 Compliance Status C				cos	R	WT											
	IN	OUT	NA.	NO	Supervision		IN		IN OUT NA NO		NO	Cooking and Reheating of Time/Temperature						
17	展	_	_	_	Person in charge present, demonstrates knowledge, and	$\overline{}$		_	ш	•				Control For Safety (TCS) Foods				
יו	l see	0			performs duties	0	이이하다		16	0	0	0		Proper cooking time and temperatures	0	0	- 5	
	IN	OUT	NA	NO	Employee Health				17	0	0	0	300	Proper reheating procedures for hot holding	0	Õ	ŭ	
2	DK.	0			Management and food employee awareness; reporting	0	0 0		П					Cooling and Holding, Date Marking, and Time as				
3	黑	0			Proper use of restriction and exclusion	0	0	٥	Ш	IN	OUT	NA	NO	a Public Health Control				
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	0	×	Proper cooling time and temperature	0	0	\Box	
4	X	0			Proper eating, tasting, drinking, or tobacco use	0	0	5	15		0	0	0	Proper hot holding temperatures	100	0	4	
5	黨	0			No discharge from eyes, nose, and mouth	0	0	ů	20		0	0		Proper cold holding temperatures	0	0	5	
	IN	-	NA	100000	Proventing Contamination by Hands			2	1 26	0	0	0	Proper date marking and disposition	0	0	_		
6	黨	0		0	Hands clean and properly washed	0	0		22	0	0	×	0	Time as a public health control: procedures and records	0	0		
7	釵	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5		_	_		_		_	Ľ		
Ŀ	-		_		alternate procedures followed				l ∟	IN	OUT	NA	NO					
8	区	0		1100	Handwashing sinks properly supplied and accessible	0 0 2		0 0 2		23	翼	lο	0		Consumer advisory provided for raw and undercooked	0	l٥l	4
-		_	NA	NO	Approved Source	_		_						food		1212		
9	黨	0		_	Food obtained from approved source	0	0		l ⊢	IN	OUT	NA	NO	Highly Susceptible Populations				
10	-	0	10	28	Food received at proper temperature	0		5	24	0	l٥	320		Pasteurized foods used; prohibited foods not offered	0	l٥l	5	
11	×	0	\vdash	_	Food in good condition, safe, and unadulterated	0	0	l °	ΙĽ	_	_	-			_	_		
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		Ш	IN	OUT	NA	NO	Chemicals				
		OUT	NA	NO	Protection from Contamination					25	0	0	X		Food additives: approved and properly used	0	0	-
13	黛	0	0		Food separated and protected	0	0	4	20	窦	0			Toxic substances properly identified, stored, used	0	0	۰	
14	寒	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Conformance with Approved Procedures				
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5	

	GOOD RETAIL PRACTICES												
	OUT=not in compliance COS=corrected on-site during inspection R-repeat (violation of the same code provision)												
Compliance Status COS R WT Compliance Status				Compliance Status	COS	R	WT						
	OUT	Safe Food and Water				1 Г	OUT Utensils and Equipment		Utensils and Equipment				
28	0	Pasteurized eggs used where required	0	О	1	1Г	45	0	Food and nonfood-contact surfaces cleanable, properly designed,	0	0		
29		Water and ice from approved source	0	0	2	1 L	40	•	constructed, and used	_	u	'	
30	0	Variance obtained for specialized processing methods	0	0	1	1Г	46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	•	
	OUT	Food Temperature Control	49 Vivarewashing facilities, installed, maintained, used, test strips		vvarewasining racinoes, iristatieu, maintaineu, useu, test surps	_		٠.					
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	1 Г	47	200	Nonfood-contact surfaces clean	0	0	1	
31	١٠	control	١٠	١٩	2	Ιħ		OUT	Physical Facilities		_		
32	0	Plant food properly cooked for hot holding	0	0	1	1 F	48	0	Hot and cold water available; adequate pressure	0	ा	2	
33	ō	Approved thawing methods used	ō	ō	1	1 h	49	Ō	Plumbing installed, proper backflow devices	ō	ō	2	
34	0	Thermometers provided and accurate	0	О	1	1 1	50	0	Sewage and waste water properly disposed	0	0	2	
	OUT	Food Identification	1 - 1 - 1		51			Toilet facilities: properly constructed, supplied, cleaned	0	0	1		
35	0	Food properly labeled; original container; required records available	0	0	1	11	52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1	
	OUT	Prevention of Feed Contamination					1 t	53	0	Physical facilities installed, maintained, and clean	0	0	1
36	0	Insects, rodents, and animals not present	0	0	2	П	54	0	Adequate ventilation and lighting; designated areas used	0	0	1	
37	0	Contamination prevented during food preparation, storage & display	0	0	1	1 [OUT	Administrative Items				
38	0	Personal cleanliness	0	0	1	1Г	55	0	Current permit posted	0	ा	0	
39	0	Wiping cloths; properly used and stored	0	0	1	1 h	56	0	Most recent inspection posted	0	0		
40	0	Washing fruits and vegetables	0	0	1	1Г			Compliance Status	YES	NO	WT	
	OUT	Proper Use of Utensiis				1 1			Non-Smokers Protection Act		_		
41	0	In-use utensils; properly stored	0	0	1	1 F	57		Compliance with TN Non-Smoker Protection Act	×	O		
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	1 Г	58		Tobacco products offered for sale	0	0	0	
43		Single-use/single-service articles; properly stored, used	0	0	1	1 F	59		If tobacco products are sold, NSPA survey completed	0	0		
44	0	Gloves used properly	0	0	1	1 –							

most recent inspection report in a conspicuous manner. You have the right to requins 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. er. You have the right to request a h ten (10) days of the date of the

05/27/2021

Date Signature of Environmental Health Specialist

05/27/2021

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information								
Establishment Name: Cafe on the Corner								
Establishment Number #: [605245609								
NSPA Survey - To be completed if								
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.	trict access to its buildings or	r facilities at all times to p	persons who are					
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.								
We Constitut start as the later affect the C								
"No Smoking" signs or the international "Non-Si	moking- symbol are not con:	spicuously posted at eve	ry entrance.					
Garage type doors in non-enclosed areas are n	not completely open.							
Taste or suplementith removable sides or under	. In name and asset asset ass							
Tents or awnings with removable sides or vents	s in non-enclosed areas are	not completely removed	or open.					
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	prohibited.						
Smoking observed where smoking is prohibited	(butha Art							
amoking observed where smoking is providited	i by the Act.							
Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)				
Equipment Temperature								
Description			Temperature (Fahr	anhalf)				
Decomption			reinperature (rain	onnion.				
			'					
Food Temperature								
Description		State of Food	Temperature (Fahr	enhelt)				

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pealed # ()	
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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 Information		
Establishment Name: Cafe on the Corner		
Establishment Number: 605245609		
Comments/Other Observations		
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Additional Comments	8		
See last page fo	r additional cor	nments.	

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Establishment Name: Cafe on the Corner	
Establishment Number: 605245609	
Comments/Other Observations (cont'd)	
4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Information	
Establishment Name: Cafe on the Corner	
Establishment Number #: 605245609	
Sources	
Source Type:	Source:
Additional Comments	
Priority item #19 corrected. See original report date	ed 5/27/21.