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City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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O Farmer's Market Food Unit **Baskin Robbins** Permanent O Mobile Establishment Name Type of Establishment 6990 E. Brainerd Rd. O Temporary O Seasonal

> Chattanooga Time in 11:55; AM AM / PM Time out 12:25; PM AM / PM

12/03/2021 Establishment # 605251459 Embargoed 0 Inspection Date

ERoutine O Follow-up O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

Number of Seats 20 Risk Category 04 Follow-up Required O Yes 疑 No ase Control and Prevention

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IK, OUT, HA, HO) for each numbered item. For items marked O	T, mark COS or R for each Item as applicable	Deduct points for category or subcategory.)
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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	CO	श
	IN	оит	NA	NO	Supervision					IN	оит	NA	NO	Cooking and Robesting of Time/Temperature	П	
T-	盔	0			Person in charge present, demonstrates knowledge, and	0	0	5						Control For Safety (TCS) Foods	L	_
Ŀ.		_			performs duties	_	•	ů	16	_	0	8		Proper cooking time and temperatures	00	4
		OUT			Employee Health				17	0	0	300	0	Proper reheating procedures for hot holding	0	⊥
2		0			Management and food employee awareness; reporting	0	0			IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as		
3	黨	0			Proper use of restriction and exclusion	0	0			IN	001	NA	NO	a Public Health Control		
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	X	0	Proper cooling time and temperature	0	Т
4	X	0		0	Proper eating, tasting, drinking, or tobacco use		0		19	0	0	文	0	Proper hot holding temperatures	0	T
5	黨	0			No discharge from eyes, nose, and mouth	0	0	ů	20		0	0		Proper cold holding temperatures	0	_
	IN	OUT	NA	NA NO Preventing Contamination by Hands 21 O O O W Proper date marking and disposition		0	T									
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	Т
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5		_	_		_			ᆚ
Ŀ			_		alternate procedures followed	_		-		IN	OUT	NA	NO	Consumer Advisory	-	_
8		0		LUS.	Handwashing sinks properly supplied and accessible	0	0	2	23	0	ΙoΙ	38		Consumer advisory provided for raw and undercooked	10	1
I.	IN	_	NA	_	Approved Source	_	_	-			0117		_	food		
9	-	0	_		Food obtained from approved source	0	0			IN	OUT	NA	NO	Highly Susceptible Populations	_	
10			0		Food received at proper temperature	0	0		24	0	l٥l	320		Pasteurized foods used; prohibited foods not offered	10	1
11	×	0	\perp		Food in good condition, safe, and unadulterated	0	0	5		_	_			T descended revise series, promising revise free strategy	_	Т
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	ОUТ	NA	NO	Chemicals		
	IN	OUT		NO	Protection from Contamination				25	0	0	3%		Food additives: approved and properly used	8	Т
13	0	0	窳		Food separated and protected	0	0	4	26	窽	0			Toxic substances properly identified, stored, used	0	T
14	×	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	T

			GOO	OD R	ŧΞī	ΑII	PRA	CTIC	ES .			
		OUT=not in compliance COS=com					nspectio	on.	R-repeat (violation of the same code provision)			
		Compliance Status	COS	R	W	/Τ			Compliance Status	COS	R	WT
	OUT	Safe Food and Water						OUT	Utensiis and Equipment			
28 29		Pasteurized eggs used where required Water and ice from approved source		8			45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
30	0	Variance obtained for specialized processing methods		O			46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1
	OUT	Food Temperature Control		_	_			-		-	_	٠.
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	1 2	,]	47	黨	Nonfood-contact surfaces clean	0	0	1
	_	control	-	-	1			OUT	Physical Facilities			
32	0	Plant food properly cooked for hot holding	0	0	1	1	48	0	Hot and cold water available; adequate pressure	0	0	2
33	0	Approved thawing methods used	0	0	1	1	49	黨	Plumbing installed; proper backflow devices	0	0	2
34	0	Thermometers provided and accurate	0	0	1	1	50	0	Sewage and waste water properly disposed	0	0	2
	OUT	Food Identification					51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
35	0	Food properly labeled; original container, required records available	0	0	1	1	52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
	OUT	Prevention of Food Contamination					53	0	Physical facilities installed, maintained, and clean	0	0	1
36	0	Insects, rodents, and animals not present	0	0	2	2	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	7	П	55	0	Current permit posted	0	0	_
39	0	Wiping cloths; properly used and stored	0	0	1	П	56	0	Most recent inspection posted	0	0	ı "
40	0	Washing fruits and vegetables	0	0	1	1			Compliance Status	YES	NO	WT
	OUT	Proper Use of Utensils							Non-Smokers Protection Act			
41	0	In-use utensils; properly stored	0	0	1	П	57		Compliance with TN Non-Smoker Protection Act	X	0	
42		Utensils, equipment and linens; properly stored, dried, handled	0	0		1	58		Tobacco products offered for sale	0	0	0
43		Single-use/single-service articles; properly stored, used	0	0		1	59		If tobacco products are sold, NSPA survey completed	0	0	
44	0	Gloves used properly	0	10	1	1						

You have the right to request a l ten (10) days of the date of th

12/03/2021

Date Signature of Environmental Health Specialist

Date

Signature of Person In Charge

**** 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.

12/03/2021

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Baskin Robbins
Establishment Number #: 605251459

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 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.	

Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenhelt)				
3 compartment sink	Chlorine	100					

Equipment Temperature					
Description		Temperature (Fahrenheit)			

Description	State of Food	Temperature (Fahrenheit
Whip cream- prep top	Cold Holding	41
Milk-1 door reach in	Cold Holding	40
Whip cream-1 dr under toppings	Cold Holding	41
Milk-1 dr tall in back	Cold Holding	38

Observed Violations
Total # 2
Repeated # ()
47: Ice build up in both walk in freezers. Remove ice build up to prevent
contamination
49: Leak from faucet at 3 compartment sink observed. Repair leak.
""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: Baskin Robbins
Establishment Number: 605251459

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: (IN): An employee health policy is available.
- 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: Observed proper handwashing by employees.
- 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 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: No raw animal products
- 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: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Cold holding temperatures are held at 41F or below
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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:

Additional Comments

See last page for additional comments.

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

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

Establishment Name: Baskin Robbins Establishment Number: 605251459	Establishment Information	
Establishment Number: 605251459 Comments/Other Observations (cont'd) Additional Comments (cont'd)	Establishment Name: Baskin Robbins	
Additional Comments (cont'd)	Establishment Number: 605251459	
Additional Comments (cont'd)		
Additional Comments (cont'd)	Comments/Other Observations (cont'd)	
	Additional Comments (contid)	
See last page for additional comments.		
	See last page for additional comments.	

Establishment Information Establishment Name: **Baskin Robbins** Establishment Number # 605251459 Sources Source Type: Food Source: Klinke bros Source Type: Food Source: Apt Water is from approved source Source Type: Water Source: Source Type: Source: Source: Source Type: **Additional Comments**