

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Starbucks #48565 Remanent O Mobile Establishment Name Type of Establishment 8021 E Brainerd Rd Ste 101 O Temporary O Seasonal Chattanooga Time in 09:10 AM AM / PM Time out 09:50; AM AM / PM

04/27/2022 Establishment # 605259989 Embargoed 0 Inspection Date

Purpose of Inspection **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other

Number of Seats 74 Risk Category Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

12	IN-in compliance OUT-not in compliance NA-not applicable NO-not observed					ed		0
Complia					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	٥			Person in charge present, demonstrates knowledge, and performs duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	DK.	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	*	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	釵	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	0	0	窳		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	-	0	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	300	0	Proper reheating procedures for hot holding	0	0	9
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	_	0	×	0	Proper cooling time and temperature	0	0	
19	_	0	文	0	Proper hot holding temperatures	0	0	
20	0.00	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	
22	0	0	×	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	×		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

ns, chemicals, and physical objects into foods.

L PRACTICES

		OUT=not in compliance COS=con	ected or	1-6/50	άı
		Compliance Status	COS		_
	OUT	Safe Food and Water		_	_
28	0	Pasteurized eggs used where required	0	0	г
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	<u> </u>
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	,
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	_
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	- 0	0	

Signature of Person In Charge

PH-2267 (Rev. 6-15)

pecti		R-repeat (violation of the same code provision Compliance Status	COS	R	W
	OUT	Utensils and Equipment	1		
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	Nonfood-contact surfaces clean	0	0	
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	- 7
50	0	Sewage and waste water properly disposed	0	0	- 2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	_
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	٠
53	0	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 100	0	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

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

04/27/2022

Date Signature of

04/27/2022

**** 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.) 4232098110 Please call (to sign-up for a class.

Date

RDA 629

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 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 (Fahrenheit)					
Sani bucket	QA	200						
Three comp sink	QA	200						
Dishmachine	ľ		167					

Equipment Temperature							
Temperature (Fahrenheit)							

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Whipping cream-1 dr	Cold Holding	41
1/2 & 1/2- 1 dr drive thru	Cold Holding	41
1/2 & 1/2-1 dr espresso	Cold Holding	41
Skim milk-1 dr	Cold Holding	41
Egg sandwich 1 dr	Cold Holding	41
Egg bite-1 dr	Cold Holding	41
Egg bite- 2 dr tall	Cold Holding	35
Milk-2 dr tall #2	Cold Holding	38
Boiled egg-open air	Cold Holding	39

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: (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: (IN) 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: (IN) 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 product in facility
- 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: (IN) Cold holding temperatures are held at 41F or below
- 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:

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.

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Establishment Information Establishment Name: Starbucks #48565 Establishment Number #: 605259989 Sources Source Type: Water Source: Water is from approved source Source Type: Food Source: Pinsky Source Type: Source: Source Type: Source: Source: Source Type: **Additional Comments**