TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

63.49

No.						FOOD SERV	ICE ESTA	BL	ISH	ME	IN1	r II	NSI	PEC	TI	ON REPORT	sco	RE		
A.	100		T. S.																	
Est	abisi	nem	t Nar		Cheddar's							T		To to b P		Farmer's Market Food Unit Strength O Mobile	9	r	1	
Add	ress				2014 Gunba	arrel Rd					_	Typ	xe of t	Establi	shme	O Temporary O Seasonal	J			
City					Chattanoog	a	Time in	11	.:0	5 A	M	AJ	M/P	и ті	me ou	ut 12:15: PM AM/PM				
		n Da	de		05/19/20	21 Establishment #						-	d 0							
			spect		認Routine	O Follow-up	O Complaint			- O Pre			-		Cor	nsultation/Other				
Risi	Cat	egor	v		01	882	03			04				Fo	low-	up Required O Yes 🕱 No	Number of S	ieats	38	0
			isk i	act	ors are food pre	paration practices	and employee	beha	vior	s mo	st co	mm	nonh	repo	ortec	to the Centers for Disease Cont control measures to prevent illn	rol and Preven	tion		
				45 0	out meting rac											INTERVENTIONS	ess of injury.			
				algnat		IN, OUT, NA, NO) for	each numbered Iten	. For		mark	M 00	1 ,	ark CC	XS or R	for e	ach liem as applicable. Deduct points for)	
IN	⊧in c	ompli	ance			nce NA=not applicable pliance Status	NO=not observe	cos	R		s=cor	recte	d on-s	ite duri	ng ins	spection R*repeat (violation of th Compliance Status			R	WT
	IN	ουτ	NA	NO		Supervision						IN	ουτ	NA	NO	Cooking and Reheating of Time/				
1	鬣	0			Person in charge p performs duties	present, demonstrates i	knowledge, and	0	0	5	16	23		0		Control For Safety (TCS) Proper cooking time and temperatures		0	8	6
2	IN XX		NA	NO	Management and	Employee Health food employee awaren	ess; reporting	0	o	_	17	家	0	0	0	Proper reheating procedures for hot hok Ceeling and Heiding, Date Marking	-	0	0	ÿ
3	×	0				riction and exclusion		0	0	5		IN	ουτ	NA	NO	a Public Health Contr				
	IN	_	NA	_		od Hygienic Practic					18	0.00	0	0		Proper cooling time and temperature		0	0	
4	붋	0				ing, drinking, or tobacc eyes, nose, and mouth		8	8	5		N N N	8	0	0	Proper hot holding temperatures Proper cold holding temperatures		0	00	
	IN		NA		Prevent Hands clean and p	ing Contamination b	y Hands	0				22	0	0	0	Proper date marking and disposition		0	0	9
0 7	直截	0	0	0		tact with ready-to-eat fo	ods or approved	0	0	5	22	0	0	×	-	Time as a public health control: procedu	res and records	0	0	
8	ž		-	-	alternate procedur Handwashing sink	es followed s properly supplied and	accessible		6	2		IN	OUT	NA	NO	Consumer Advisory Consumer advisory provided for raw an		_		
	IN 嵐	OUT	NA	NO		Approved Source mapproved source			0		23	× N	O	O NA	NO	food Highly Susceptible Popula		0	0	4
10	0	ō	0	20	Food received at p	proper temperature		0	0		24		001	200	NO	Pasteurized foods used; prohibited food		0	0	6
	×	_	~			ition, safe, and unadult available: shell stock ta		0	0	5	-	_		_			s not offered	-	<u> </u>	9
12	0	0	XX NA	0	destruction			0	0		25	IN	OUT			Chemicals Food additives: approved and properly t	read	~		
13		0		NO	Food separated an	ction from Contamin nd protected	ation .	0	0	4	25	0 ()	6	X		Toxic substances properly identified, sto		0	0	5
14	×	0	0			ces: cleaned and sanit		0	0	5		IN	OUT	NA	NO					
15	鶑	0			Proper disposition served	of unsafe food, returne	d food not re-	0	0	2	27	×	0	0		Compliance with variance, specialized p HACCP plan	rocess, and	0	0	5
				Goo	d Retail Practic	es are preventive	measures to co	ntro	l the	intro	duc	tion	ofp	atho	gens	s, chemicals, and physical object	s into foods.			
										at/Al										
				00	T=not in compliance		COS=corre	cted o	n-site	during						R-repeat (violation of the sar	ne code provision)		_	14.07
		OUT				pliance Status Food and Water		cos	R	WT		0	UT			Compliance Status Utensils and Equipment		cos	ĸ	WT
	8 9				ed eggs used where lice from approved				8		4	5 (infood-contact surfaces cleanable, prope and used	rly designed,	0	0	1
_	0	0	Varia		obtained for special	ized processing method	5	ŏ	ŏ	2	4		-			g facilities, installed, maintained, used, to	ust strine	0	0	1
	-	OUT	_	or co.		mperature Control ; adequate equipment f	for temperature		П	_	4		_			ntact surfaces clean	ar an pa	0	0	1
3	1	0	contr		ung metrious used	, adequate equipment i	or camperature	0	0	2		_	UT	ion no o	0.001	Physical Facilities		Ŭ	-	
-	23				properly cooked fo thawing methods u			8	8	1	4	_				f water available; adequate pressure stalled; proper backflow devices		0	00	2
	4		<u> </u>		eters provided and			ŏ	ŏ	1	5	_	0 8	ewag	e and	i waste water properly disposed		ŏ	0	2
		OUT			Feed	i identification					5	_				es: properly constructed, supplied, cleane		0	0	1
3	5		Food	i prop		al container; required re		0	0	1	5		-	-		use properly disposed; facilities maintain	ed	0	0	1
		OUT				of Food Contaminati	on	-			5	_				ilities installed, maintained, and clean		0	0	1
	6	0	Insec	215, ro	dents, and animals	not present		0	0	2	5	-	-	aequa	ne ve	entilation and lighting; designated areas u	sed	0	0	1
3	_	0				ing food preparation, st	orage & display	0	0	1			UT			Administrative items		-		
-	8 9	-	-		leanliness ths: properly used	and stored		0	0	1	5			lument fost re	cent	nit posted inspection posted		0	0	0
_	0	0		- N	ruits and vegetable	s			õ							Compliance Status				WT
4	_	0UT O	In-us	e ute	Proper nsils; properly store	d Use of Utensils		0	0	1	5	7	- 0	ompli	ance	Non-Smokers Protection with TN Non-Smoker Protection Act	Act	X	0	
4	2	20	Uten	sils, e	quipment and liner	s; properly stored, drie		0	0	1	5	8	T	obacc	o pro	oducts offered for sale roducts are sold. NSPA survey completer		0	<u></u>	0
	43 O Single-use/single-service articles; properly stored, used O O 1 44 O Gloves used properly O O 1																			
																Repeated violation of an identical risk factor				
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																				
repo	-					14-708, 68-14-709, 68-14-71						- /	1		<u> </u>					
~	\sum) 、	_>_		1 1	-	05/1	9/2	021	L		(-r	\sim	r		()5/1	.9/2	2021
Sig	natu	re of	Pers	on In	Charge				[Date	Sig	natu	ire of	Envir	onme	ental Health Specialist				Date

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-for	odservice	****
Free food safety training classes are available each month at the county health depart	ment	

PH-2267 (Rev. 6-15)	Free food safety training cla	asses are available each mor	th at the county health department.	RDA 629
(192207 (1097. 0-10)	Please call () 4232098110	to sign-up for a class.	nun des

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cheddar's Establishment Number #: 605249517

Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)				
Dishwasher			100				

Equipment l'emperature							
Description	Temperature (Fahrenheit)						

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Cheese sauce	Hot Holding	160
Rice	Hot Holding	155
Mashed potatoes	Hot Holding	160
Corn	Hot Holding	160
Cooked broccoli mix	Hot Holding	160
Penne Pasta	Cold Holding	40
Sliced tomatoes	Cold Holding	40
Raw chicken	Cold Holding	39
Raw Ground Beef patty	Cold Holding	39
Ribs	Reheating	165
Grilled chicken breast	Cooking	170
Spinach dip	Cold Holding	39

Observed Violations

Total # 3

Repeated # 0

- 42: Multiple clean dishes wet stacked.
- 49: Drips at multiple handsink faucets. 54: Employee drink stored on top of metal slicer.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cheddar's

Establishment Number : 605249517

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: Proper handwashing 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 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: (NÁ) 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: See temps
- 17: See temps
- 18: See temps
- 19: See temps
- 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: Consumer advisory on menu.

24:

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:
- 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.

Establishment Information

Establishment Name: Cheddar's

Establishment Number: 605249517

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Cheddar's

Establishment Number # 605249517

Sources				
Source Type:	Food	Source:	Approved	
Source Type:	Water	Source:	Approved	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments