TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| | | | | | | FOOD | SERVICE ESTA | BL | ISH | IMI | ENT | F 11 | NSF | PEC | TI | ON REPORT | SCO | RE | | |
|----------|----------|----------|--------|--------------|---|---------------------------------|--|--------------|---------------|--------------|--------------|-------------|----------------|---------------|-------------|---|----------------------|----------|---------|---------|
| 8 | | 14. | Sec. 1 | | | | | | | | | | | | | O Fermer's Market Food Unit | 1 (| | ſ | ٦ |
| Esta | blish | imen | t Nan | | Panera Bre | ead | | | | | | Tvi | oe of F | Establi | ishme | R Parmanant OMobile | 10 | | | |
| Add | 655 | | | | 562 Northg | jate Mall | Dr. Suite 102 | | | | | . ,, | | | | O Temporary O Seasonal | | | | |
| City | | | | | Hixson | | Time ir | 09 | 9:0 | 0 A | ١M | A | M/PI | M Th | me o | ut 09:45: AM AM / PM | | | | |
| | ectio | n Da | te | | 07/13/20 | 22 Estab | lishment # 60530568 | | | | | _ | ed 0 | | | | | | | |
| Purp | ose | of In | spect | ion | Routine | O Follow | up O Complaint | | | O Pr | elimin | ary | | c | Co | nsultation/Other | | | | |
| Risk | Cat | egorj | , | | O 1 | \$202 | 03 | | | 04 | | | | Fc | low- | up Required O Yes 🕱 No | Number of S | ieats | 51 | |
| | | R | isk F | acto as c | ors are food pr ontributing fac | eparation p tors in food | ractices and employee Iborne illness outbreak | behs s. P | vior ublic | a mo c He | st c aith | omn Inte | nonly rvent | repo tions | are | to the Centers for Disease Cont control measures to prevent illne | rol and Prevent | | | |
| | | | | | | | ODBORNE ILLNESS RI | | | | | | | | | INTERVENTIONS ach liom as applicable. Deduct points for | | | | |
| IN | in co | ompli | | 1914 | OUT=not in complia | | | | 10111 | | | | | | | pection R=repeat (violation of th | | | | |
| _ | _ | _ | _ | | Con | npliance Sta | | COS | R | WT | F | _ | | _ | | Compliance Status | | cos | R | WT |
| - | - | - | NA | NO | Person in charge | Supervi | nstrates knowledge, and | | | | | IN | OUT | NA | NO | Cooking and Reheating of Time/ Control For Safety (TCS) | | | | |
| | × | 0 | NA | 100 | performs duties | | | 0 | 0 | 5 | | 8 | | | 0 | Proper cooking time and temperatures Proper reheating procedures for hot hok | daa. | 0 | 이 | 5 |
| | X | | NA | NO | Management and | Employee food employe | e awareness; reporting | 0 | 0 | | " | | | | | Cooling and Holding, Date Marking | | - 01 | 0 | |
| | | 0 | | | Proper use of res | | | 0 | 0 | 5 | | IN | OUT | | NO | a Public Health Contr | ol | | | |
| 4 | IN XX | OUT O | NA | | Proper eating, tas | ood Hygionic sting, drinking | | 0 | 0 | _ | 18 | X | 8 | 0 | | Proper cooling time and temperature Proper hot holding temperatures | | 8 | 응 | |
| 5 | | 0 | | 0 | No discharge from | m eyes, nose, | and mouth | ŏ | ŏ | 5 | 20 | 12 | Ō | 0 | | Proper cold holding temperatures | | 0 | 0 | 5 |
| | N N | 001 | NA | | Hands clean and | | Ination by Hands ed | 0 | 0 | | 21 | 0 | 0 | 0 | | Proper date marking and disposition Time as a public health control: procedu | me and month | 0 | 0 | |
| _ | X | 0 | 0 | 0 | No bare hand cor alternate procedu | | y-to-eat foods or approved | 0 | 0 | 5 | <i>"</i> | IN | OUT | | | Consumer Advisory | | 9 | 9 | _ |
| 8 | × | 0 | NA | LIN. | | iks properly su | pplied and accessible | 0 | 0 | 2 | 23 | _ | 0 | 12 | | Consumer advisory provided for raw and | | 0 | 0 | 4 |
| 9 | 嵐 | 0 | | | Food obtained fro | | ource | 0 | 0 | | | IN | OUT | | NO | food Highly Susceptible Popula | ations | | _ | |
| 10 11 | 0 | 0 | 0 | × | Food received at Food in good con | | | 8 | 0 | 5 | 24 | 0 | 0 | x | | Pasteurized foods used; prohibited food | s not offered | 0 | 0 | 5 |
| | _ | ŏ | × | 0 | Required records | | ll stock tags, parasite | ŏ | ŏ | | | IN | OUT | NA | NO | Chemicals | | | | |
| | IN | OUT | NA | NO | destruction Prote | ection from (| Contamination | | | | | 0 | 0 | X | - | Food additives: approved and properly u | ised | 0 | 0 | |
| 13 | | 0 | - 0 | | Food separated a Food-contact sur | | and sanitized | 8 | 0 | 4 | 26 | 1N | O | NA | NO | Toxic substances properly identified, sto Conformance with Approved F | | 0 | 0 | Ĵ |
| | | 0 | _ | | | | d, returned food not re- | 0 | 0 | 2 | 27 | - | 0 | × | 110 | Compliance with variance, specialized p HACCP plan | | 0 | 0 | 5 |
| | _ | _ | | Goo | d Retail Pract | ices are pre | ventive measures to co | ontro | l the | intr | oduc | tion | of p | atho | geni | , chemicals, and physical object | s into foods. | | _ | |
| | | | | | | | | | | | | | nes | 3 | | | | | | |
| | | | | 00 | T=not in compliance Corr | pliance Sta | COS=come itus | cted o | R | during WT | inspe | ction | | | | R-repeat (violation of the san Compliance Status | | COS | R | WT |
| | _ | OUT | | | Safe | Food and W | | | | _ | | - 0 | TUX | | | Utensils and Equipment | | | | |
| 2 | | | | | d eggs used when lice from approve | | | 8 | 000 | 1 | 4 | 5 | | | | infood-contact surfaces cleanable, proper and used | fly designed, | 0 | 0 | 1 |
| 3 | _ | 0 OUT | Varia | nce c | btained for specia | alized processi emperature | | 0 | 0 | 1 | 4 | 6 | o v | Varew | ashin | g facilities, installed, maintained, used, te | est strips | 0 | 0 | 1 |
| 3 | | 0 | Prop | er coo | | | quipment for temperature | 0 | 0 | 2 | 4 | 7 | 0 N | lonfoo | d-cor | tact surfaces clean | | 0 | 0 | 1 |
| 3 | | - | Contr | | properly cooked f | or hot holding | | 0 | | | | | UT O ⊢ | ict and | 1 cold | Physical Facilities water available; adequate pressure | | 0 | 0 | 2 |
| 3 | 3 | 0 | Appr | oved | thawing methods | used | | 0 | 0 | | 4 | 9 | ΟP | 'lumbir | ng ins | stalled; proper backflow devices | | 0 | 0 | 2 |
| 3 | - | O OUT | Them | morme | eters provided and | i accurate d identificat | lon | 0 | 0 | 1 | | _ | - | | | waste water properly disposed is: properly constructed, supplied, cleane | d | 0 | 0 | 2 |
| 3 | _ | _ | Food | l prop | | | equired records available | 0 | 0 | 1 | - | _ | | | | use properly disposed; facilities maintaine | | ŏ | 0 | 1 |
| - | | OUT | | , prop | | of Feed Con | - | - | | - | | | - | - | · | lities installed, maintained, and clean | | 0 | 0 | 1 |
| 3 | ; | 0 | Insec | ts, ro | dents, and animal | is not present | | 0 | 0 | 2 | 5 | 4 | 0 A | dequa | nte ve | ntilation and lighting; designated areas u | sed | 0 | 0 | 1 |
| 3 | 7 | 0 | Cont | amina | ation prevented du | uring food prep | aration, storage & display | 0 | 0 | 1 | | 4 | тих | | | Administrative items | | | | |
| 3 | _ | - | | | leanliness | | | 0 | 0 | 1 | | _ | | | | nit posted | | 0 | 0 | 0 |
| 3 | _ | | | | ths; properly used ruits and vegetabl | | | 8 | 0 | | - | 6 | 0 1 | lost re | cent | Compliance Status | | O YES | O NO | WT |
| | | OUT | | | Prope | er Use of Ute | ensils | | | _ | | _ | | | | Non-Smokers Protection | Act | | _ | |
| 4 | | | | | nsils; properly stor quipment and line | | lored, dried, handled | 0 | 8 | 1 | 5 | 7 8 | | | | with TN Non-Smoker Protection Act ducts offered for sale | | | 0 | 0 |
| 4 | 3 | 0 | Singl | e-use | single-service and ed properly | | | 0 | 8 | 1 | | 9 | | | | oducts are sold, NSPA survey completed | 1 | õ | | |
| _ | - 1 | - | | | | itama within too | (40) days may specifi be survey | 1 | | | a second o | | abilitie | nand er | e la consta | Repeated violation of an identical risk factor | man pandt in success | ation - | d | e las e |
| servi | ce es | tablis | hmen | t perm | nit. Items identified | as constituting i | imminent health hazards shall b | e corre | cted i | immed | iately | or op | eration | is shall | l ceas | e. You are required to post the food service (lling a written request with the Commissioner | establishment permit | t in a c | onsp | icuous |
| repo | t. T. | 5 po | action | ns 68- | 14-703, 68-14-706, 68 | 1-14-708, 68-14-7 | cuous manner. You have the ny 09, 68-14-711, 68-14-715, 68-14-7 | 16, 4-5 | -320. | a a 198 | angi | | | a repo | y | and a summingless with the Constitutione | mount cert (10) days | 01.016 | uat e | or 095 |
| ¢ | 5 | A | 人 | 6 | NC | 1 | 07/2 | 13/2 | 022 | 2 | | (| | \$ | P | + | (|)7/1 | 3/2 | 022 |
| Sigr | atur | e of | Pers | on In | Charge | | | | (| Date | Si | gnati | ure of | Envir | onme | ental Health Specialist | | | | Date |
| | | | | | | ** Additional | food safety information car | n be fo | und | on ou | ir web | osite | htto | .//tn.o | iow/h | ealth/article/eh-foodservice **** | | | | |

| PH-2267 (Rev. 6-15) | Free food safety training class | | th at the county health department. | RDA 629 |
|---------------------|---------------------------------|--------------|-------------------------------------|---------|
| respondent of the | Please call (|) 4232098110 | to sign-up for a class. | nur des |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Panera Bread Establishment Number #: 605305689

| 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. | |
| | <u> </u> |

| Warewashing Info | | | | | | | | |
|------------------|------------------|------|---------------------------|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | |
| Sani bucket | Sink amd surface | 1875 | | | | | | |
| Sani wipes | Sink and surface | 1875 | | | | | | |
| Dish machine | | 100 | | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|----|--------------------------|--|--|--|
| Description | Te | emperature (Fahrenheit) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Food Temperature | | | | | | |
|------------------|---------------|--------------------------|--|--|--|--|
| Description | State of Food | Temperature (Fahrenheit) | | | | |
| Cut toms | Cold Holding | 40 | | | | |
| Chicken | Cold Holding | 40 | | | | |
| Cut toms | Cold Holding | 39 | | | | |
| Chicken | Cold Holding | 40 | | | | |
| Milk | Cold Holding | 39 | | | | |
| Cut lettuce | Cold Holding | 40 | | | | |
| Milk | Cold Holding | 39 | | | | |
| Eggs | Hot Holding | 154 | | | | |
| Spinach | Cold Holding | 39 | | | | |
| Quinoa | Cold Holding | 40 | | | | |
| Roast beef | Cold Holding | 38 | | | | |
| Turkey | Cold Holding | 39 | | | | |
| Scramble | Hot Holding | 152 | | | | |
| Half and half | Cold Holding | 39 | | | | |
| Cut toms | Cold Holding | 39 | | | | |



Establishment Information

Establishment Name: Panera Bread

Establishment Number : 605305689

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: Hands washed

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: Approved

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: (NA) No raw animal foods served. Eggs are pasteurized.

17: (NO) No TCS foods reheated during inspection.

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: See food temps

20: See food 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: (NÁ) 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.

Establishment Information

Establishment Name: Panera Bread

Establishment Number: 605305689

Comments/Other Observations (cont'd)

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

Establishment Information Establishment Name: Panera Bread

Establishment Number # 605305689

| Sources | | | | | | | | |
|--------------|-------|---------|-----|--|--|--|--|--|
| Source Type: | Water | Source: | HUD | | | | | |
| Source Type: | Food | Source: | Gfs | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |

Additional Comments