## **TENNESSEE DEPARTMENT OF HEALTH** FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

63.30

|          |        |          |        |          |   | FOOD SI  | ERVICE ESTA   | BL                  | ISH            | IME          | NT       | T IN    | ISF      | PEC      | тю     | ON REPORT  | SCO                  | RE       |          |         |
|----------|--------|----------|--------|----------|---|--|---|---------------------|----------------|--------------|----------|---------|----------|----------|--------|--|----------------------|----------|----------|---------|
| 1        |        | H        | S.     |          |   | _  |   |                     |                |              |          |         |          |          |        | O Farmer's Market Food Unit  | 1 (                  |          | ſ        | ٦       |
| Esta     | blish  | ment     | t Nan  |          | The Bread                                 | Basket   |   |                     |                |              | _        | Typ     | e of F   | Establi  | shme   | R Parmanant O Mobile   | 10                   | Л        |          |         |
| Add      | ress   |          |        |          | 2116 Taft ⊢                               | lighway  |   |                     |                |              |          | .,,,    |          |          |        | O Temporary O Seasonal   |                      |          |          |         |
| City     |        |          |        |          | Signal Mtn                                |  | Time in   | 11                  | 1:3            | 5 A          | Μ        | A       | / / PI   | M Tir    | ne ou  | иt <u>12:00</u> : <u>РМ</u> ам/рм  |                      |          |          |         |
| Insp     | ectio  | n Da     | te     |          | 01/12/20                                  | 22 Establishn                                  | nent # 60507927   | 9                   |                | _            | Emba     | rgoe    | d 0      |          |        |  |                      |          |          |         |
| Puŋ      | ose    | of In:   | spect  | tion     | <b>鼠</b> Routine                          | O Follow-up                                    | O Complaint   |                     |                | <b>O</b> Pro | limin    | ary     |          | 0        | Cor    | nsuitation/Other   |                      |          |          |         |
| Risi     | Cat    | egonj    |        |          | 涎1  | 02   | 03  |                     |                | <b>O</b> 4   |          |         |          |          |        | up Required O Yes 貿 No   | Number of Se         |          | _        |         |
|          |        | R        |        |          |   |  |   |                     |                |              |          |         |          |          |        | I to the Centers for Disease Cont<br>control measures to prevent illn                          |                      | ion      |          |         |
|          |        |          |        |          | ad compliance ate                         |  | BORNE ILLNESS R   |                     |                |              |          |         |          |          |        | INTERVENTIONS<br>ach liem as applicable. Deduct points for                                     | atomore or autorates |          |          |         |
| IN       | in co  | mplie    |        | uy an    |   | ance NA=not appl                               |   |                     | and in         |              |          |         |          |          |        | pection R*repeat (violation of th  |                      |          |          |         |
|          | 114    | our      | NA     | 100      | Con                                       | npliance Status<br>Supervision                 |   | cos                 | R              | WT           |          |         |          |          |        | Compliance Status<br>Cooking and Reheating of Time/  |                      | cos      | R        | WT      |
| 1        | -      | 0        | NUA    | NO       | Person in charge                          |  | ates knowledge, and                                       | 0                   | 0              | 5            |          |         | OUT      |          | NO     | Control For Safety (TCS)   |                      |          |          |         |
|          | IN     | OUT      | NA     | NO       | performs duties                           | Employee He                                    | aith  |                     | U              |              |          | 0       | 00       |          |        | Proper cooking time and temperatures<br>Proper reheating procedures for hot hok                | ling                 | 8        | 8        | 5       |
|          | X<br>X | 8        |        |          |   | d food employee av<br>triction and exclusi     | vareness; reporting                                       | 0                   | 0              | 5            |          | IN      | оυт      | NA       | NO     | Cooling and Holding, Date Marking<br>a Public Health Contr                                     |                      |          |          |         |
| -        | _      | -        | NA     | NO       | ,   | ood Hygienic Pri                               |   | ľ                   | -              |              | 18       | 0       | 0        |          |        | Proper cooling time and temperature  | 01                   | 0        | 0        | _       |
| 4        | 黨      | 8        |        |          |   | sting, drinking, or to<br>m eyes, nose, and    |   | 0                   | 0              | 5            | 19<br>20 | 0       | 0        | 0        |        | Proper hot holding temperatures<br>Proper cold holding temperatures                            |                      | 8        | 0        |         |
|          | IN     |          | NA     | NO       |   | ting Contaminat                                |   | 0                   |                |              | 21       | *       | 0        | 0        | 0      | Proper date marking and disposition  |                      | 0        | 0        | °       |
| 7        | ×      | ō        | 0      | 0        |   | ntact with ready-to-                           | eat foods or approved                                     | 0                   | 0              | 5            | 22       | O<br>IN | O<br>TUO | ×<br>NA  | -      | Time as a public health control: procedu<br>Consumer Advisory                                  |                      | 0        | 0        |         |
| 8        | X      | 0        | NA     | NO       |   | ks properly supple<br>Approved Sou             |   | 0                   | 0              | 2            | 23       | 0       | 0        | 12       |        | Consumer advisory provided for raw and<br>food   |                      | 0        | 0        | 4       |
| 9        | 嵩      | 0        | _      |          |   | orn approved sourc                             | e   |                     | 0              |              |          | IN      | OUT      |          | NO     | Highly Susceptible Popula  | tions                | _        | -        |         |
|          |        | 0        |        | <u>×</u> | Food in good con                          | proper temperatur<br>idition, safe, and ur     | nadulterated  | 0                   | 0              | 5            | 24       | 0       | 0        | ×        |        | Pasteurized foods used; prohibited food  | s not offered        | 0        | 0        | 5       |
| 12       |        |          | ×      | 0        | destruction                               | available: shell sto                           | • · · ·   | 0                   | 0              |              |          | IN      | OUT      |          | NO     | Chemicals  |                      | ~        | ~        |         |
| 13       | 2      | 0        |        | NO       | Food separated a                          |  |   | _                   | 0              |              | 25<br>26 | 0<br>戻  | 0        | X        | _      | Food additives: approved and properly u<br>Toxic substances properly identified, sto           | red, used            | 0        | 8        | 5       |
| 14<br>15 | 嵐      | 0<br>0   | 0      |          |   | faces: cleaned and<br>n of unsafe food, re     | I sanitized<br>eturned food not re-                       | 0                   | 0              | 5            | 27       | IN<br>O | OUT      | NA       | NO     | Conformance with Approved I<br>Compliance with variance, specialized p                         |                      | 0        | 0        |         |
|          | ~      | <u> </u> | _      |          | served                                    |  |   | Ŭ                   | U              |              |          | Ŭ       | Ŭ        | ~        |        | HACCP plan   |                      | <u> </u> | <u> </u> | Ŭ       |
|          |        |          |        | Goo      | d Retail Practi                           | ices are preven                                | tive measures to c  |                     |                |              |          |         | -        |          | gens   | , chemicals, and physical object   | s into foods.        |          |          |         |
|          |        |          |        | 00       | T=not in compliance                       |  | COS=com   | ected o             | n-site         |              |          |         | ICE      | 5        |        | R-repeat (violation of the san   |                      |          |          |         |
|          |        | OUT      |        |          |   | pliance Status<br>Food and Wate                |   | cos                 | R              | WT           |          | 0       | UT       |          |        | Compliance Status<br>Utensils and Equipment  |                      | cos      | R        | WT      |
| 2        | _      |          |        |          | ed eggs used when<br>ice from approve     |  |   | 8                   | 0              | 1            | 45       | 5 (     |          |          |        | nfood-contact surfaces cleanable, proper<br>and used   | fly designed,        | 0        | 0        | 1       |
| 3        | -      | 0<br>DUT | Varia  | ince d   |   | alized processing n<br>emperature Com          |   | Ō                   | Ō              | 1            | 46       | ; (     | o v      | Varewa   | ashin  | g facilities, installed, maintained, used, te  | st strips            | 0        | 0        | 1       |
| 3        | 1      | •••      |        |          |   |  | ment for temperature                                      | 0                   | 0              | 2            | 47       | _       | -        | lonfoo   | d-con  | tact surfaces clean  |                      | 0        | 0        | 1       |
| 3        | _      | 0        |        | food     | properly cooked f                         |  |   | 0                   | 0              |              | 48       | 1       |          |          |        | Physical Facilities<br>water available; adequate pressure                                      |                      |          | 이        | 2       |
| 3        | _      |          |        |          | thawing methods<br>eters provided and     |  |   | 0                   | 0              | 1            | 49       | _       | _        |          |        | stalled; proper backflow devices<br>waste water properly disposed                              |                      | 0        | 응        | 2       |
|          | _      | OUT      | E a c  |          |   | d identification                               |   |                     | _              | -            | 51       | _       |          |          |        | s: properly constructed, supplied, cleane  |                      | 0        | <u> </u> | 1       |
| 3        |        | 0<br>001 | F000   | prop     |   | of Food Contain                                | red records available                                     | 0                   | 0              | 1            | 52       |         |          | -        |        | use properly disposed; facilities maintaine<br>lities installed, maintained, and clean         | id .                 |          | 이        | 1       |
| 3        | -      | -        | Insec  | ts, ro   | dents, and animal                         |  |   | 0                   | 0              | 2            | 54       | -       | -        |          |        | ntilation and lighting; designated areas u   | sed                  | _        | 0        | 1       |
| 3        | 7      | 0        | Cont   | amina    | ation prevented du                        | uring food preparati                           | on, storage & display                                     | 0                   | 0              | 1            |          | 0       | υτ       |          |        | Administrative items   |                      |          |          |         |
| 3        | -      | -        |        |          | leanliness                                |  |   | 0                   | 0              | 1            | 55       |         |          |          |        | nit posted   |                      | 0        | 0        | 0       |
| 3        | _      |          | _      | - N      | ths; properly used<br>ruits and vegetable |  |   | 0                   | 0              | 1            | 24       |         | <u>0</u> | tost re  | cent   | Compliance Status  |                      | O<br>YES | 0<br>NO  | WT      |
| -4       | _      | 001      | In-us  | e ute    | Prope<br>nsils; properly stor             | er Use of Utensil<br>red                       |   | 0                   | 0              | 1            | 57       | -       | - 0      | omplia   | ance   | Non-Smokers Protection<br>with TN Non-Smoker Protection Act                                    | Act                  | आ        | 0        | _       |
| 4        |        | 0        | Uten   | sils, e  | quipment and line                         | ens; properly stored<br>ticles; properly store |   | 0                   | 0              | 1            | 58<br>59 |         | T        | obacc    | o pro  | ducts offered for sale<br>oducts are sold, NSPA survey completed                               | 1                    | 0        | 0        | 0       |
| 4        | 4      | Ŏ        | Glow   | es us    | ed properly                               |  |   | 0                   | 0              | 1            |          |         |          |          |        |  |                      |          |          |         |
| serv     | ce es  | tablis   | hmen   | t perm   | nit. Items identified a                   | as constituting immi                           | nent health hazards shall b                               | e corre             | cted i         | mmedi        | ately o  | e ope   | ration   | is shall | ceas   | Repeated violation of an identical risk factor<br>e. You are required to post the food service | establishment permit | in a c   | onspi    | cuous   |
| 190      | т.     | C.Á. 5   | ection | ns 68-   | 14-703 68-14-706, 68                      | 8-14-708, 68-14-709, 6                         | s manner. You have the ri<br>8-14-711, 68-14-715, 68-14-7 | pre to r<br>16, 4-5 | eques<br>-320. | t a hea      | ring n   | sgard   | ing thi  | is repor | n by f | lling a written request with the Commissioner  | within ten (10) days | of the   | date     | of this |
| _        |        |          | - 1)   |          | Xa  | -  |   |                     |                |              |          |         |          |          |        |  |                      |          | ~ /~     | 022     |
| Ya       | v      | ~~       | X      |          | From                                      | pr   | 01/   | 12/2                | 022            | 2            | _        | 2       | $\geq$   |          | 2      |  | 0                    | 1/1      | 212      | .022    |
|          |        |          |        |          | Charge                                    |  |   |                     | (              | Date         |          |         |          |          |        | ental Health Specialist  | 0                    | 1/1      | 212      | Date    |

| PH-2267 (Rev. 6-15) | Free food safety training cla | RDA 629      |                         |         |
|---------------------|-------------------------------|--------------|-------------------------|---------|
| rivezor (new. o-ro) | Please call (                 | ) 4232098110 | to sign-up for a class. | nde vis |

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: The Bread Basket Establishment Number #: 605079279

| 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<br>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) |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |

| Equipment l'emperature | nperature                |  |  |  |  |  |  |  |
|------------------------|--------------------------|--|--|--|--|--|--|--|
| Description            | Temperature (Fahrenheit) |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |

| Food Temperature |               |                          |  |  |  |  |  |
|------------------|---------------|--------------------------|--|--|--|--|--|
| Description      | State of Food | Temperature (Fahrenheit) |  |  |  |  |  |
| Dairy            | Cold Holding  | 38                       |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               |                          |  |  |  |  |  |
|                  |               | 1                        |  |  |  |  |  |

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: The Bread Basket Establishment Number : 605079279

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: 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: (NA) 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: Proper cold holding temperatures observed.
- 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:

\*\*\*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: The Bread Basket

Establishment Number: 605079279

Comments/Other Observations (cont'd)

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

### Establishment Information

Establishment Name: The Bread Basket

Establishment Number #: 605079279

| Sources      |       |         |        |  |  |  |  |  |
|--------------|-------|---------|--------|--|--|--|--|--|
| Source Type: | Water | Source: | Public |  |  |  |  |  |
| Source Type: | Food  | Source: | Public |  |  |  |  |  |
| Source Type: |       | Source: |        |  |  |  |  |  |
| Source Type: |       | Source: |        |  |  |  |  |  |
| Source Type: |       | Source: |        |  |  |  |  |  |

# Additional Comments