## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT



Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| COOD RETALL PRACTICES |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| OUtenctin complance |  |  | Cos | R | WT | spection |  | Compliance status | $\cos \mathrm{I}^{\text {R }}$ |  | WT |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | OUT | Safo Food and Wator |  |  |  |  | OUT | Utensils and Equipment |  |  |  |
| 28 | 0 | Pasteunzed eggs used where required | 0 | 0 | 1 | 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed. constructed and used | 0 | 0 | 1 |
| 29 | 0 | Water andice from approved soutce | 0 | 0 | 2 |  |  |  |  |  |  |
|  |  |  |  |  |  | 46 | 0 | Warewashing facilibes, instaled, maintained, used, test strips | 0 | 0 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 31 | $\bigcirc$ | Proper cooling methods used, adequate equipment for temperature control | 0 | 0 | 2 | 47 | E | Nomfood-contact surfaces clean | 0 | 0 | 1 |
|  | 0 |  |  |  |  |  | OUT | Physical Facllities |  |  |  |
| 32 | 0 | Plant food properly cooked for hot hoiding | 0 | 0 | 1 | 48 | 0 | Hot and cold water available, adequate pressure | 0 | O | 2 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 | 49 | 0 | Plumbing instaled, proper backlow devices | 0 | 0 | 2 |
| 34 | 2\% | Thermometers provided and accurate | 0 | 0 | 1 | 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
|  | OUT | Food Idontification |  |  |  | 51 | 0 | Todet facilites. properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 35 | $\bigcirc$ | Food properly labeled, original container, required records avalable | 0 | 0 | 1 | 52 | 0 | Garbage/refuse properly disposed, facilises maintained | 0 | 0 | 1 |
|  | OUI | Prevention of Feed Contamination |  |  |  | 53 | 25 | Physical faciites instaled, maintained, and clean | 0 | 0 | 1 |
| 36 | $\bigcirc$ | Insects, rodents, and animals not present | 0 | 0 | 2 | 54 | 0 | Adequate ventilation and lighting, designated areas used | $\bigcirc$ | 0 | 1 |
| 37 | 88 | Contamination prevented during food preparation, storage \& display | 0 | 0 | 1 |  | OUT | Administrative items |  |  |  |
| 38 | 0 | Perscnal cleanliness | 0 | 0 | 1 | 55 | Q | Current permit posted | 0 | 0 | 0 |
| 39 | 0 | Wiping cloths, properly used and stored | 0 | 0 | 1 | 56 | E | Most recent inspection posted | 0 | 0 |  |
| 40 | 0 | Washing fruts and vegetaties | 0 | 0 | 1 |  |  | Compliance Status | YES | NO | WT |
|  | OUT | Proper Use of Utensilis |  |  |  |  |  | Non-Smokers Protection Act |  |  |  |
| 41 | 0 | In-use utensls; properly stored | 0 | 0 | 1 | 87 |  | Complance with in Non-Smoker Protection Act | 0 | 4 |  |
| 42 | 0 | Utensils, equipment and linens, properily stored, dried, handled | 0 | 0 | 1 | 58 |  | Tobacco products offered for sale | 0 | 0 | 0 |
| 43 | 0 | Single-use/single-service articles, properly stored, used | 0 | O | 1 | 59 |  | If tobatco products are solid. NSPA surver completed | 0 | 0 |  |

[^0]TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

| Establishment Information |
| :--- |
| Establahment Name: Papa John's Pizza \#460 |
| Establahment Number z: 605111021 |



| Warewashing Info | sanitizer Type | PPM | Temperature ( Fahrenhelt) |
| :---: | :---: | :---: | :---: |
| Maohline Name |  |  |  |
|  |  |  |  |

Equipment Temperature

| Decoription | Temperature (Fahrenheit) |
| :--- | :--- |
|  |  |


| Food Temperature | state of Food | Temperature ( Fahrenheit) |
| :--- | :--- | :--- |
| Decoription |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

55:
56:

## Establishment Information

Establishment Name: Papa John's Pizza \#460
Establishment Number: 605111021

## Comments/Other Observations

1:
2:
3:
4:
5:
6:
7:
8:
9:
10:
11:
12:
13:
14:
15:
16:
17:
18:
19:
20:
21:
22:
23:
24:
25:
26:
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.

[^1]Comments/Other Observations (cont'd)

Additional Comments (cont'd)

## Establishment Information

Establishment Name: Papa John's Pizza \#460
Establishment Number \# 605111021

## Sources

Source Type:
Source:

Source Type:
Source:

Source Type:
Source:

Source Type:
Source:

Source Type:
Source:

## Additional Comments

All critical items corrected.


[^0]:    
    
    
    
    
    $\underset{\text { Signature o Person in charge }}{\text { Eri Con }}$

[^1]:    ${ }^{* \cdots}$ See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

