TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT									_								
Establishment I	je ^r Name	Be Caffeinat	-					_	Тур	e of E	Establis	shme	O Fermer's Merket Food Unit mt I Permanent O Mobile	10)
Address 5704 Manin Rd O Temporary O Seasonal																	
City		Chattanooga	l	Time in	01	.:0	<u>1 F</u>	M	AN	/ / PI	M Tir	ne ou	иt 01:27: <u>PM</u> АМ/РМ				
Inspection Date	ь	09/20/202	2 Establishment #	60531310	2			Emba	rgoex	<u>d</u> 0							
Purpose of Insp	pection	Routine	O Follow-up	O Complaint			-	limina		_		Con	nsuitation/Other				
Risk Category		窟1	02	03		,	04				Fo	low-i	up Required O Yes 🕱 No	Number of S	eats	0	
													to the Centers for Disease Cont	rol and Prevent			
	25 (contributing facto											control measures to prevent illne INTERVENTIONS	ess or injury.			
(Mark	k designs	ted compliance status											ach liem as applicable. Deduct points for c	category or subcate	gory.)		
IN=in complian	108	OUT=not in compliance	e NA=not applicable	NO=not observe	d COS			S=con	ected	l on-s	ite durir	ng ins	pection R=repeat (violation of the Compliance Status		n) COS	e I	WT
IN OUT P	NA NO		Supervision		000	- 1		h	IN	0.0	NA	NO	Cooking and Reheating of Time/		000	~ 1	
1 版 0			esent, demonstrates know	wledge, and	0	0	5		····				Control For Safety (TCS)	Foods		_	
	NA NO	performs duties	Employee Health		-		-	16 17	00	0	쭔		Proper cooking time and temperatures Proper reheating procedures for hot hold	ding	00	읭	5
2 0 0		Management and fo	od employee awareness.	reporting	0		5		IN	оит	NA	NO	Cooling and Holding, Date Marking				
3 炭 O	NA NO	Proper use of restric	tion and exclusion d Hygienic Practices		0	0	_	18	0	0	XX	0	a Public Health Contr Proper cooling time and temperature	ol	0		_
4 28 0	0	Proper eating, tastin	g. drinking, or tobacco us	50	0	0	5	19	0	0	줓	0	Proper hot holding temperatures		0	0	
5 返 O IN OUT P			yes, nose, and mouth g Contamination by H	lands	0	0	-	20 21	3	8			Proper cold holding temperatures Proper date marking and disposition		8	8	5
6 度 0		Hands clean and pro	operly washed ct with ready-to-eat foods	oranormad	0	_	5	22	0	0	x		Time as a public health control: procedu	res and records	0	0	
	<u> </u>	alternate procedures	s followed		0	0			IN	OUT	NA	NO	Consumer Advisory				
8 X O IN OUT P	NANO		properly supplied and ac Approved Source	cessible	0	0	2	23	٥	0	麗		Consumer advisory provided for raw and food	d undercooked	0	0	4
9 28 0		Food obtained from Food received at pro			00	0		\square	IN	OUT	_	NO	Highly Susceptible Popula	tions		_	
11 💢 0	<u> </u>	Food in good condit	ion, safe, and unadulterat		ŏ	ŏ	5	24	0	0	X		Pasteurized foods used; prohibited foods	s not offered	0	٥	5
	× o	destruction	vailable: shell stock tags,	parasite	0	0			IN	ουτ	NA	NO	Chemicais				
IN OUT 1 13 O O 2	NA NO	Food separated and	tion from Contaminati	on	0	0	4	25 26	0	00	X		Food additives: approved and properly u Toxic substances properly identified, sto		8	읭	5
14 溪 0	õ	Food-contact surfac	es: cleaned and sanitized		ŏ	ŏ	5		IN	OUT	NA	NO	Conformance with Approved P	rocedures		_	
15 溴 0		Proper disposition o served	f unsafe food, returned fo	od not re-	0	0	2	27	0	0	窝		Compliance with variance, specialized p HACCP plan	rocess, and	0	0	5
	God	od Retail Practice	is are preventive me	asures to co	ntrol	the	intro	duc	tion	of p	atho	jens	, chemicals, and physical object	s into foods.			
					600	D RI	TAI	L PR	ACT	ICE	8						
	00	JT=not in compliance	iance Status	COS=corre	cled or	R R	Suring WT	inspec	tion				R-repeat (violation of the sam Compliance Status		COS	RT	WT
OUT		Safe F	ood and Water			_			0	UT			Utensiis and Equipment				
29 O V	Vater and	ed eggs used where r d ice from approved s	ource		0	8	2	45	0				nfood-contact surfaces cleanable, proper and used	ny designed,	0	٥	1
30 O V OUT	ariance		ed processing methods perature Control		0	0	1	46	0	o v	Varewa	ashin	g facilities, installed, maintained, used, te	st strips	0	0	1
			adequate equipment for t	emperature	0	0	2	47	_	_	lonfood	s-con	itact surfaces clean		0	0	1
0	ontrol Nant food	d properly cooked for	hot holding		-	0		48		υτ Σ⊦	lot and	cold	Physical Facilities water available; adequate pressure		0	0	2
33 O A	pproved	thawing methods use	ed		0	0	1	49		5 P	Numbin	ig ins	stalled; proper backflow devices		0	0	2
34 O T	hermom	eters provided and as Food	courate		0	0	1	50		_			waste water properly disposed is: properly constructed, supplied, cleane	d	0	0	2
35 O F	ood prog	perly labeled; original	container; required record	ds available	0	0	1	52					use properly disposed; facilities maintaine		0	0	1
OUT		Prevention of	Food Contamination					53		5 P	hysica	l faci	lities installed, maintained, and clean		0	0	1
36 O In	nsects, re	odents, and animals r	not present		0	0	2	54	(D A	dequa	te ve	ntilation and lighting; designated areas us	sed	0	0	1
37 O C	Contamin	ation prevented durin	g food preparation, stora	ge & display	0	0	1		0	υτ			Administrative items				
		cleanliness	boads bo		0	0	1	55		_		-	nit posted		0	0	0
		oths; properly used ar fruits and vegetables	na stored		0	0		56		<u> </u>	ncrist frê	cent i	inspection posted Compliance Status		YES		WT
41 O In	huse ide	Proper l ensils; properly stored	Use of Utensils			0		57		-	Comolia	1000	Non-Smokers Protection A with TN Non-Smoker Protection Act	Act	201	0	
42 O U	tensils, e	equipment and linens	; properly stored, dried, h	andled	0	0	1	58		T	obacc	o pro	ducts offered for sale		8	ŏ	0
43 O S 44 O G	angte-us Bloves us	e/single-service article sed properly	es; properly stored, used		0	8	1	59		1	tobaco	co pre	oducts are sold, NSPA survey completed	1	0	0	

ns of risk factor items within ten (10) days may result in suspension of your food service established items identified as constituting imminent health hazards shall be corrected immediately or operation speated violation of an identical risk factor may result in revocation of your foo You are required to post the food service establishment permit in a conspicuou ent pe shall re to correct any rmit. Rec 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 thi 68-14-709, 08-14-711, 68-14-715, 68-14-716, 4-5-320. t in a co

09/20/2022 2 Date Signature of Environmental Health

Signature of Person In Charge

th	Specialist	

C

09/20/2022

Date

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**** 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. Please call () 4232098110 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Be Caffeinated Bakery Establishment Number #: 605313102

NSPA Survey – To be completed if #57 is "No"	
Age-restricted venue does not ammatively restrict access to its buildings or facilities at all times to persons who are wenty-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.	
Sarage 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 (Fahrenhelt)							
Triple sink	Quat	200								

Equipment Temperature							
Description	Temperature (Fahrenheit)						
	· · · · · · · · · · · · · · · · · · ·						

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Milk	Cold Holding	38				
Sour	Cold Holding	38				

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Establishment Number : 605313102

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 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 drinking from an approved container which is stored properly.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

6:

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:

- 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:

- 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:

- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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:
- 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: Be Caffeinated Bakery Establishment Number: 605313102

Comments/Other Observations (cont'd)

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

Establishment Information Establishment Name: Be Caffeinated Bakery Establishment Number #: 605313102

Sources				
Source Type:	Food	Source:	Gordans	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments