## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT



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

| COOD RETALL PRACTICE3 |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| OUTEnctin complance |  |  | Cos | R | WT | peetion |  | R-repeat (iviosion of fre same code provis | COS | R |  |
| Compliance Status |  |  |  |  |  |  |  |  |  |  | WT |
|  | OUT | Safo Food and Wator |  |  |  |  | OUT | Utensils and Equipment |  |  |  |
| 28 | 0 | Pasteunzed eggs used where required | 0 | 0 | 1 | 45 | E | Food and nonfood-contact surfaces cleanatle, properly designed. | 0 | 0 | 1 |
| 29 | 0 | Water andice from approved soutbe | 0 | 0 | 2 |  |  | constructed, and used |  |  |  |
| 30 | 0 | Varance obtained for specialized processing methods | 0 | 0 | 1 | 46 | 0 | Warewashing facilites, instaled. maintained, used, test strips | 0 | 0 | 1 |
|  | OUT | Foed Tomperature Control |  |  |  |  |  |  |  |  |  |
| 31 | 0 | Proper cooling methods used, adequate equipment for temperature control | 0 | 0 | 2 | 47 | 0 | Norfood-contact surfaces clean | 0 | 0 | 1 |
|  |  |  |  |  |  |  | OUT | Physical Facllitles |  |  |  |
| 32 | 0 | Plant food properly cooloed 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 | Tolet facilites. properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 35 | E8 | Food properly labelect, original container, required records avalable | 0 | 0 | 1 | 52 | 0 | Gartageirefuse properly disposed, facilises maintained | 0 | 0 | 1 |
|  | OUI | Pravantion of Foed Contamination |  |  |  | 53 | 0 | Physical faciites instalied, 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 | 0 | 0 | 1 |
| 37 | 0 | Contamination prevented daring food preparation, storage \& display | 0 | 0 | 1 |  | OUT | Administrative Itoms |  |  |  |
| 38 | 0 | Perscnal cleanlinessWring clotis. precerfly used and stored | 0 | 0 | 1 | 55 | 0 | Current permit posted | 0 | 0 |  |
| 39 | 0 |  | 0 | 0 | 1 | 56 | 0 | Most recent inspection posted | 0 | 0 |  |
| 40 | 0 | Washing fruts and vegetables | 0 | 0 | 1 | Compliance Status |  |  | YES | NO | WT |
|  | OUT |  |  |  |  |  |  | Nom-Smokers Protection Act |  |  |  |
| 41 | 0 | Proper Use of Utensils In-use utensis; properiy stored | 0 | O | 1 | 57 |  | Compliance with TN Non-Smoker Protection Act | 5 | O |  |
| 42 | 0 | Utensils, equipment and linens, properiy 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 | 0 | 1 | 59 |  | If tobacco products are solid. NSPA, surver completed | 0 | 0 |  |

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

| Establishment Information |
| :--- |
| Establahment Name: Sammy B's |
| Establahment: Number $: \quad 605247408$ |



| Warewashinq Info | sanitizer Type | PPM | Temperature ( Fahrenhelt) |
| :---: | :---: | :---: | :---: |
| Maohine Name |  |  |  |
|  |  |  |  |

Equipment Temperature

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


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

## Establishment Information

Establishment Name: Sammy B's
Establishment Number: 605247408

## Comments/Other Observations

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]Establishment Name: Sammy B's
Establishment Number: 605247408

Comments/Other Observations (cont'd)

Additional Comments (cont'd)

## Establishment Information

Establishment Name: Sammy B's
Establishment Number \#. 605247408

## Sources

Source Type:
Source:

Source Type:
Source:

Source Type:

Source Type:

Source Type:
Source:

Source:

Source:

## Additional Comments

Priority item corrected


[^0]:     service establishment permit. Heern idenefied as coentinting imminomt boath hazards shall be corrected immediately or operabions shall cease. You are required to post the food surviot establitiment permit in a conspicuous
    
    

    Signature of Person In Charge 03/04/2021 Ith Specialist

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

