

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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HATTIE B'S

Establishment Name

Address

City

HATTIE B'S

Type of Establishment

Type of Establishment

O Temporary

O Seasonal

O Temporary

O Seasonal

AM / PM Time out

O 3:50; PM AM / PM

Inspection Date 04/01/2024 Establishment # 605252468 Embargoed 0

Purpose of Inspection Routine O Follow-up O Complaint O Preliminary O Consultation/Other

Risk Category O1 版2 O3 O4 Follow-up Required 版 Yes O No Number of Seats 150

as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IM, OUT, MA, MO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or subcategory.

| 10 | e in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | Ö | OS≈c | com | ecte | d o |
|----|---------------|-------|------|----|---|-----|---|-----|------|--------|------|-----|
| | | | | | Compliance Status | cos | R | WT | | | | |
| | IN | OUT | NA | NO | Supervision | | | | | Т | IN | 0 |
| 1 | × | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | - | 16 | 201 | - |
| | IN | OUT | NA | NO | Employee Health | - | | | ΙÞ | 17 | 0 | 7 |
| 2 | TX: | 0 | | | Management and food employee awareness; reporting | 0 | 0 | | 1 | \neg | | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | П | | IN | 0 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | 1 19 | 18 | 0 | 7 |
| 4 | 30 | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 1 3 | 19 | 义 | 7 |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° | 1 2 | 20 | 25 | 7 |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | [7 | 21 | × | 7 |
| 6 | 100 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | l I | 22 | 0 | |
| 7 | 巡 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 | ŀ | | IN | 0 |
| 8 | 0 | 26 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | l I | 23 | 0 | 6 |
| | _ | OUT | NA | NO | Approved Source | | _ | | l Ľ | ~ | _ | L, |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | | L | | IN | 0 |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | | ΙF | 24 | 0 | 7 |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 | Ľ | 4 | • | L, |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | | | IN | 0 |
| | IN | OUT | NA | NO | Protection from Contamination | | | | | 25 | 0 | 7 |
| 13 | × | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | [2 | 26 | 黨 | (|
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | | T | IN | 0 |
| 15 | × | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 2 | 27 | 0 | (|

| | Compliance Status | | | | cos | R | WT | |
|----|-------------------|-----|----|----|---|---|----|---|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | × | 0 | 0 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 3% | 0 | Proper reheating procedures for hot holding | 0 | 0 | ۰ |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | 涎 | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 245 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | * |
| 22 | 0 | 0 | 0 | 氮 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | 0 | 0 | × | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | X | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

R*repeat (violation of the same code provis

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

| | | | G00 | | |
|----|-----|--|-----|---|-----|
| | | OUT=not in compliance COS=corr | | | _ |
| | OUT | Compliance Status Safe Food and Water | cos | K | Lw. |
| 00 | - | | - | | _ |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | Ľ |
| 29 | 0 | Water and ice from approved source | 0 | 0 | _ |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | Ľ |
| | OUT | Food Temperature Control | | | _ |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | 1 |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | Г |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Г |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | ŀ |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | |
| 38 | 0 | Personal cleanliness | 0 | 0 | г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | |
| | OUT | Proper Use of Utensils | | | ī |
| 41 | 0 | in-use utensils; properly stored | 0 | 0 | г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | Г |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | г |
| | | Gloves used properly | 0 | 0 | |

| specti | ion | R-repeat (violation of the same code provision |) | | |
|--------|-----|--|-----|----|-----|
| | | Compliance Status | cos | R | WT |
| | OUT | Utensils and Equipment | | | |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | 2 |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | 2 |
| 50 | 凝 | Sewage and waste water properly disposed | 0 | 0 | 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 2% | Physical facilities installed, maintained, and clean | 0 | 0 | - 1 |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | 0 |
| 56 | 0 | Most recent inspection posted | 0 | 0 | ۰ |
| | | Compliance Status | YES | NO | WT |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - X | 0 | |
| 58 |] | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a 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 this report. T.C.A. section (8-14-703, 68-14-706, 68-14-709, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

04/01/2024

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04/01/2024

Signature of Person In Charge

Signature of Environmental Health Specialist

Date

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

PH-2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department.
Please call () 6153405620 to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Smoking observed where smoking is prohibited by the Act.



Establishment Information

Establishment Name: HATTIE B'S
Establishment Number #: 605252468

| 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. | |

| Warewashing Info | | | | | | |
|------------------------------|----------------|-----|---------------------------|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | |
| Red sani bucket in prep area | Qa | 200 | | | | |
| 3 Compartment Sink | Qa | 200 | | | | |
| Chemical Dishwasher | [| 100 | | | | |

| Equipment Temperature | | | | |
|----------------------------------|-----|--|--|--|
| Description Temperature (Fahren | | | | |
| Warmer 1 | 190 | | | |
| Open top cooler | 39 | | | |
| Low Boy Cooler | 31 | | | |
| Hot box 1 | 175 | | | |

| Description | State of Food | Temperature (Fahrenheit |
|---|---------------|--------------------------|
| Chicken breast from fryer | Cooking | 206 |
| Chicken wing in hot window | Hot Holding | 142 |
| Chicken wing in warmer 1 | Hot Holding | 176 |
| Mac n cheese on Steam Table | Hot Holding | 158 |
| Potato salad on open top cooler | Cold Holding | 38 |
| Cole slaw in open top cooler | Cold Holding | 42 |
| Raw chicken tender in Low Boy Cooler | Cold Holding | 38 |
| Raw chicken breast in Reach-in Cooler | Cold Holding | 40 |
| Baked beans in hot box 1 | Hot Holding | 176 |
| Cooked banana pudding in Walk-in Cooler | Cold Holding | 35 |
| Raw chicken in Walk-in Cooler | Cold Holding | 35 |
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| Observed Violations | | | | | |
|--|--|--|--|--|--|
| Total # B | | | | | |
| Repeated # () | | | | | |
| 8: No hot water at the hand sink near the kitchen entrance | | | | | |
| Corrective Action: PIC placed a work order and a follow-up will be required within | | | | | |
| 10 days | | | | | |
| 50: Observed damaged areas of the kitchen floor throughout prep line and dish | | | | | |
| area; some areas are collecting water because they are unable to properly drain | | | | | |
| 53: Observed excessive dust build-up on the ceiling fan that is positioned above | | | | | |
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| the cook line | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: HATTIE B'S
Establishment Number: 605252468

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Policy available on site
- 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: No violations observed
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 9: See next
- 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: See temp log
- 17: (NA) No TCS foods reheated for hot holding.
- 18: Foods are prepped with cold or room temp ingredients
- 19: See temp log
- 20: See temp log
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 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:

Additional Comments

See last page for additional comments.

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^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: HATTIE B'S | |
|--|--|
| Establishment Number: 605252468 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
| See last page for additional comments. | |
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Establishment Information

| Establishment Information | | | | | | | |
|---------------------------|---|----------------------------|------------------------------------|--|--|--|--|
| Establishment Name: HA | ATTIE B'S | | | | | | |
| Establishment Number #: | 605252468 | | | | | | |
| | | | | | | | |
| Sources | | | | | | | |
| Source Type: | Food | Source: | PFG | | | | |
| Source Type: | | Source: | | | | | |
| Source Type: | | Source: | | | | | |
| Source Type: | | Source: | | | | | |
| Source Type: | | Source: | | | | | |
| Additional Commer | nts | | | | | | |
| | alth Control policy was discussed outes at a time during service | I with PIC regarding the f | rozen fries that thaw at room temp | | | | |
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