



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name Feed Table and Tavern Bar Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 201 West Main Street ☐ Temporary ☐ Seasonal  
City Chattanooga Time in 01:15 PM AM / PM Time out 01:40 PM AM / PM  
Inspection Date 04/03/2024 Establishment # 605244625 Embargoed 0  
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 0

**Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention 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 (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=In compliance OUT=not in compliance NA=not applicable NO=not observed COS=corrected on-site during inspection R=repeat (violation of the same code provision)					Compliance Status			COS R WT		
Supervision					Compliance Status			COS R WT		
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties					5
Employee Health					Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods					
2	IN	OUT	NA	NO	Management and food employee awareness, reporting					5
3	IN	OUT	NA	NO	Proper use of restriction and exclusion					
Good Hygienic Practices					Cooling and Holding, Date Marking, and Time as a Public Health Control					
4	IN	OUT	NA	NO	Proper eating, tasting, drinking, or tobacco use					5
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					Consumer Advisory					
6	IN	OUT	NA	NO	Hands clean and properly washed					5
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible					2
Approved Source					Highly Susceptible Populations					
9	IN	OUT	NA	NO	Food obtained from approved source					5
10	IN	OUT	NA	NO	Food received at proper temperature					
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated					
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction					5
Protection from Contamination					Chemicals					
13	IN	OUT	NA	NO	Food separated and protected					5
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized					
15	IN	OUT	NA	NO	Proper disposition of unsafe food, returned food not re-served					5

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

## GOOD RETAIL PRACTICES

OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision)					Compliance Status			COS R WT		
Safe Food and Water					Utensils and Equipment					
28	OUT				Pasteurized eggs used where required					1
29	OUT				Water and ice from approved source					2
30	OUT				Variance obtained for specialized processing methods					1
Food Temperature Control					Physical Facilities					
31	OUT				Proper cooling methods used; adequate equipment for temperature control					2
32	OUT				Plant food properly cooked for hot holding					1
33	OUT				Approved thawing methods used					1
34	OUT				Thermometers provided and accurate					1
Food Identification					Administrative Items					
35	OUT				Food properly labeled; original container; required records available					1
Prevention of Food Contamination					Compliance Status			YES NO WT		
36	OUT				Insects, rodents, and animals not present					2
37	OUT				Contamination prevented during food preparation, storage & display					1
38	OUT				Personal cleanliness					1
39	OUT				Wiping cloths: properly used and stored					1
40	OUT				Washing fruits and vegetables					1
Proper Use of Utensils					Non-Smokers Protection Act					
41	OUT				In-use utensils; properly stored					1
42	OUT				Utensils, equipment and linens; properly stored, dried, handled					1
43	OUT				Single-use/single-service articles; properly stored, used					1
44	OUT				Gloves used properly					1
45	OUT				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					1
46	OUT				Warewashing facilities; installed, maintained, used, test strips					1
47	OUT				Nonfood-contact surfaces clean					1
48	OUT				Hot and cold water available; adequate pressure					2
49	OUT				Plumbing installed; proper backflow devices					2
50	OUT				Sewage and waste water properly disposed					2
51	OUT				Toilet facilities: properly constructed, supplied, cleaned					1
52	OUT				Garbage/refuse properly disposed; facilities maintained					1
53	OUT				Physical facilities installed, maintained, and clean					1
54	OUT				Adequate ventilation and lighting; designated areas used					1
55	OUT				Current permit posted					0
56	OUT				Most recent inspection posted					0
57	OUT				Compliance with TN Non-Smoker Protection Act					0
58	OUT				Tobacco products offered for sale					0
59	OUT				If tobacco products are sold, NSPA survey completed					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. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 04/03/2024 Signature of Environmental Health Specialist [Signature] Date 04/03/2024

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

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DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA**



<b>Establishment Information</b>	
Establishment Name:	Feed Table and Tavern Bar
Establishment Number #:	605244625

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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.	
Smoking observed where smoking is prohibited by the Act.	

<b>Warewashing Info</b>			
<b>Machine Name</b>	<b>Sanitizer Type</b>	<b>PPM</b>	<b>Temperature ( Fahrenheit)</b>
Dish machine	Cl	100	
Sanitizer bottle	Lactic acid	548	

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>
Cooler	40

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>
Milk	Cold Holding	39

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**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Employee Health Policy is posted. PIC and employees are aware of reportable symptoms and illnesses.
- 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 frequency and methods were 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 has been obtained by an 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: No raw animal food at bar
- 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: No foods are reheated
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: See temps
- 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.***

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

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**Comments/Other Observations (cont'd)****Additional Comments (cont'd)**

***See last page for additional comments.***

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## Sources

Source Type: Water

Source: Public

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

### ***Additional Comments***