## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Hardee's
Establishment Name
Address
30 Highland Square Crossville 01/09/2024 Establishment级 Folow-up

52
O Complaint
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0.4

Type of Establishment E Permanent OMobile O Temporary O Seascnal AM/PM Time out 09:52; AM AM/PM City

Inspection Date Purpose of inspection ORoutine

Risk Category O 1
O Consulation/Other
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

| Establishment Information |
| :--- |
| Establahment Name: Hardee's |
| Establahment Number $\%: 605263654$ |



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

Equipment Temperature

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


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

## Establishment Information

Establishment Name: Hardee's
Establishment Number: 605263654

## Comments/Other Observations

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${ }^{* *}$ 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.

[^0]Comments/Other Observations (cont'd)

Additional Comments (cont'd)

## Establishment Information

Establishment Name: Hardee's
Establishment Number \#. 605263654

## Sources

Source Type:
Source:

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## Additional Comments

Follow-up for critical item \#21
Item corrected at time of inspection


[^0]:    ${ }^{* \cdots}$ See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

