

Address

Risk Category

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Number of Seats 18

O Farmer's Market Food Unit Ben & Jerry's Remanent O Mobile Establishment Name Type of Establishment 201 Broad St. O Temporary O Seasonal Chattanooga Time in 02:05 PM AM / PM Time out 02:55; PM

10/10/2023 Establishment # 605263479 Embargoed 60 Inspection Date

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other О3

04

Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

m (IN, OUT, NA, NO) for a

| IN | in c | iqmo | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | C | 05=0 | оттек | ted on | -site du | ring in | spection |
|------------------------------|--|---|--|----|---|------------|------|------|------------------|-------------|-------------|------------|---------|------------|
| Compliance Status COS R WT C | | | | | | | | | | | | | | |
| | IN | оит | NA | NO | Supervision | | | | П | ı | N OU | T NA | NO | Cookin |
| 1 | 800 | 0 | | | Person in charge present, demonstrates knowledge, and | 0 | 0 | 5 | Ц | | | 1.5 | | D |
| - | | | performs duties | - | _ | _ | | 6 (| _ | $+$ \circ | 9 | Proper coo | | |
| 2 | -N | - | NA | NO | Employee Health | _ | _ | _ | 113 | 7 (| 2 0 | 1 64 | 0 | Proper reh |
| 4 | -86 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | 5 | ш | 10 | N lou | T NA | NO | Cooling |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | * | ш | 1" | . | 1 | " | |
| \neg | IN | OUT | NA | NO | Good Hygienic Practices | | | | 1 17 | 8 (| | N N | 0 | Proper coo |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | ΙŒ | 9 (| 7 | 1 第 | 0 | Proper hot |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | | [2 | 0 2 | 8 0 | 0 | | Proper col |
| | IN | OUT NA NO Preventing Contamination by Hands | | | [2 | 1 (| 7 | 0 | 124 | Proper dat | | | | |
| 6 | 100 | 0 | The state of the s | | | ΙĮ | 2 (| 5 0 | 0 % | 0 | Time as a | | | |
| 7 | 800 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved | 0 0 5 | | Ľ | | | | _ | | |
| -1 | ~ | alternate procedures followed | | _ | | L | - 1 | N OU | T NA | NO | | | | |
| 8 | 黑 | 0 | | | Handwashing sinks properly supplied and accessible 0 0 2 | | l I2 | 3 0 | o I o | 1 39 | | Consumer | | |
| | | OUT | NA | NO | Approved Source | | | | l L | | | 1. | _ | food |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | | L | - 1 | N OU | T NA | NO | |
| 10 | 0 | 0 | 0 | 28 | Food received at proper temperature | 0 | 0 | | l I ₂ | 4 (| ه ا د | 120 | | Pasteurize |
| 11 | 0 | 涎 | | | 5 | Ľ | ` | | | <u> </u> | r doleur ge | | | |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | П | 1 | N OU | T NA | NO | |
| | | OUT | NA | NO | Protection from Contamination | | | | | | 7 0 | 1 20 | | Food addit |
| 13 | (2) O O Food separated and protected O O 4 | | 4 | [2 | 6 8 | 8 0 | | | Toxic subs | | | | | |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | П | - II | N OU | T NA | NO | Conf |
| 15 | × | 0 | | | Proper disposition of unsafe food, returned food not re- | 0 | 0 | 2 | l [a | 7 0 | J 0 | 120 | | Compliano |
| | ~ | _ | | | served | " | _ | - | l l' | ή, | ۰,۰ | 1 64 | | HACCP pl |

| | | | | | Compliance Status | cos | R | WT |
|----|----|-----|-----|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 寒 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 300 | 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 | X | 0 | Proper cooling time and temperature | 0 | 0 | |
| 19 | 0 | 0 | 文 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | 0 | 0 | 0 | 200 | Proper date marking and disposition | 0 | 0 | * |
| 22 | 0 | 0 | × | 0 | 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 | 333 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 菜 | 0 | | | Oxic substances properly identified, stored, used | | 0 | v |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

O Yes 疑 No

to control the introduction of pathoge ns, chemicals, and physical objects into foods.

| | | | G00 | | |
|----|-----|--|-----|---|---|
| | | OUT not in compliance COS-com | | | |
| | OUT | Compliance Status Safe Food and Water | cos | K | L |
| 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 | |
| 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 | 1 |
| 37 | 338 | 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 | | | |
| 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 | |

Signature of Person In Charge

| specti | ion | R-repeat (violation of the same code provision |) | | |
|-------------------|--|--|-------|---|----|
| | | Compliance Status | cos | R | WT |
| | OUT | Utensiis and Equipment | | | |
| 45 | 45 S Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | | 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 | 50 O 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 | 0 | 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 | | | | | WT |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 100 | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

You have the right to request a l in (10) days of the date of the

10/10/2023

Date Signature of Environmental Health Specialist

Date

10/10/2023

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

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Establishment Name: Ben & Jerry's
Establishment Number #: 605263479

| 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. | |
| Smoking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | | | |
|-----------------------------|----------------|------------|---------------------------|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenhelt) | | | | |
| Triple sink Sani buckets | Qa Qa | 200 200 | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|---------------------------|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | |
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| Food Temperature Description | State of Food | Temperature (Fahrenheit) |
|------------------------------|---------------|---------------------------|
| Milk | Cold Holding | 37 |
| Half and half | Cold Holding | 40 |
| Ice cream | Cold Holding | 9 |
| lce cream | Cold Holding | 9 |
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| Observed Violations | | | | | |
|--|--|--|--|--|--|
| Total # B | | | | | |
| L1: Ice leaking out of the freezer pipe into ice cream im the walk in freezer. Empargoed roughly 60lbs of ice cream products. All foods must be protected and covered in to prevemt adulteration from outside sources. 37: Ice cream boxes stored on the floor in the walk in freezer. 45: Walk in freezer has a major leak. | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Ben & Jerry's
Establishment Number: 605263479

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Illness policy posted in employee office..
- 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: Hands properly washed.
- 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 is from an approved source.
- 10: (NO): No food received during 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No TCS foods that require cooling.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Please see temperatures.
- 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:

58:

Additional Comments

See last page for additional comments.

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| Establishment Number: 605263479 Comments/Other Observations (cont'd) Idditional Comments (cont'd) Ede last page for additional comments. | omments/Other Observations (cont'd) diltional Comments (cont'd) | Establishment Information | |
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| Establishment Information | | | | | | |
|-----------------------------------|---------|--|--|--|--|--|
| Establishment Name: Ben & Jerry's | | | | | | |
| Establishment Number #. 605263479 | | | | | | |
| | | | | | | |
| Sources | | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
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