TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Establishment Name			Cracker Barrel #29					Type of Establishment O Fermer's Market Food Unit @ Permanent O Mobile											
Address			1460 N. Mack Smith Rd.					Type of Establishment O Temporary O Seasonal											
City			East Rido	ge	Time ir	01	L:1	5 F	M	A	M/P	M Tir	me ou	ut 02:45:PM AM/PM					
		on Da	de		07/21/2	2021 Establis	shment # 60500490					_							
			spect		Routine	O Follow-u				- O Pro			-		Cor	nsultation/Other			
Ris	k Cat	tegor	,		01	\$22	03			O 4				Fo	low-	up Required 🕱 Yes O No Number of S	eats	20	5
			isk i													to the Centers for Disease Control and Preven control measures to prevent illness or injury.		_	
					one macing		ODBORNE ILLNESS RI												
				algnat					items							ach item as applicable. Deduct points for category or subcat)	
10	≇in c	ompli	ance	_	OUT=not in con	mpliance NA=not a Compliance Stat			R		5=00	recte	d on-s	ite dun	ng ins	pection R*repeat (violation of the same code provisi Compliance Status		R	WT
	_	-	NA	NO	Desease in the	Supervis						IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
1	×	0		110	performs dutie	65	strates knowledge, and	0	0	5		X	0	0	-	Proper cooking time and temperatures	00	0	5
	X		NA	NO	Management	Employee I and food employee	awareness; reporting	0	ि		"	O IN	O OUT			Proper reheating procedures for hot holding Ceeling and Helding, Date Marking, and Time as	0	0	
3	黨	0			Proper use of	restriction and excl		0	0	5					NO	a Public Health Control	-	-	
4	X	0	NA		Proper eating.	Good Hygienic I tasting, drinking, o		0	0	5	19	0 溪		0		Proper cooling time and temperature Proper hot holding temperatures	00	0	
5	N IN		NA	-		from eyes, nose, an venting Contamin		0	0	-		0	8	8	0	Proper cold holding temperatures Proper date marking and disposition	00	8	5
	2			_	Hands clean a	and properly washe		_	<u> </u>	5	22	_	0	0		Time as a public health control: procedures and records	0	0	
7	医鼠	0	0	0	alternate proc	edures followed	plied and accessible	0	0			_	_	NA	NO	Consumer Advisory Consumer advisory provided for raw and undercocked			
	IN	OUT	NA	NO		Approved S	ource			÷	23	00	0	0	110	food	0	٥	4
10		0	0	20	Food received	d from approved so d at proper tempera	ture	0			24	IN O	OUT	NA XX	NO	Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered	0	0	6
11 12	<u>※</u>	0 0	X	0		condition, safe, and ords available: shell	tunadulterated stock tags, parasite	0	0	5	-	IN	OUT		10	Chemicals	-	-	Ĵ
12			NA	-	destruction Pr	retection from Co	ontamination	-		_	25	0	001			Food additives: approved and properly used	0	তা	
13	2	00	0			ed and protected surfaces: cleaned a	and conitized	0	8	4	26	鬣	O OUT			Toxic substances properly identified, stored, used Conformance with Approved Procedures	00	0	5
	2		-		Proper dispos		, returned food not re-	6	0	2	27	_	0	22		Compliance with variance, specialized process, and	0	0	5
	~	-			served			-				-				HACCP plan	_	-	
				Goo	d Retail Pra	ectices are prev	entive measures to co						-		gens	, chemicals, and physical objects into foods.			
				00	T=not in complia	ance	COS=come			auring				5		R-repeat (violation of the same code provision)			
_	_	OUT				compliance Stat		COS	R	WT	É	10	UT			Compliance Status Utensils and Equipment	COS	R	WT
_	28 29	0			ed eggs used w	where required		8	8	1	4		er F			nfood-contact surfaces cleanable, properly designed, and used	0	0	1
_	30	0			obtained for spo	ecialized processing		ŏ	ŏ	1	4	6 0	. 1			g facilities, installed, maintained, used, test strips	0	0	1
	31	OUT O	Prop	er coo		d Temperature C used; adequate equ	upment for temperature	0	0	2	4	7 1	_			tact surfaces clean	0	0	1
	32	-	contr		property cooke	ed for hot holding		0		1	4		UT	lot and	t cold	Physical Facilities	0		2
	33	0	Appr	oved	thawing metho	ods used		0	0	1	4	9 (Õ P	Yumbir	ng ins	stalled; proper backflow devices	0	0	2
	34	OUT	Then	mome	eters provided	and accurate Food Identification	on	0	0	1	5	_	-			waste water properly disposed es: properly constructed, supplied, cleaned	0	0	2
;	35	0	Food	i prop	erly labeled; or	riginal container; rec	quired records available	0	0	1	5		- I.			use properly disposed; facilities maintained	0	0	1
		OUT				ion of Feed Conti	amination				5	_	_			lities installed, maintained, and clean	0	0	1
	36					imals not present		0	0	2	5	-	-	dequa	ne ve	ntilation and lighting, designated areas used	0	0	1
	37					d during food prepar	ration, storage & display	0	0	1			UT			Administrative items	_		
	38 39	-	-		cleanliness ths; properly u	ised and stored		0	0	1	5				-	nit posted inspection posted		0	0
- 4	10	0 OUT	_	hing fi	ruits and veget	tables roper Use of Uten		0	0	1		-	_			Compliance Status Non-Smokers Protection Act	YES	NO	WT
_	11	0	In-us		nsils; properly :	stored			8		5					with TN Non-Smoker Protection Act ducts offered for sale	×	응	
-	12	0	Singl	e-use	single-service	linens; properly sto e articles; properly s			0		5					oducts onered for sale oducts are sold, NSPA survey completed	0	0	Ű
44 O Gloves used properly O O 1 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									a food										
rainer to correct any violations or nix factor raises within ten (10) only may result in suspension or your lood 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, 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, 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. 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. 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. 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. Items identified as constituting imminent health hazards shall be corrected immediately or operations that cease. You have the fold service establishment permit. Items is a service establishment permit. The service establishment permit is 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 the service establishment permit.								icuous											
	report. 7 C.A. sections 69-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716,																		
	\leq	2	\geq	ナ	s)~	<u> </u>	07/2	21/2	021	L	_	4	Ju	- ا		2th ()7/2	1/2	2021
Sig	natu	re of	Pers	on In	Charge				[Date	Sig	gnatu	ire of	Envir	onme	ental Health Specialist			Date
														-	-	ealth/article/eh-foodservice			

PH-2267 (Rev. 6-15)	Free food safety training clas	RDA 6		
	Please call () 4232098110	to sign-up for a class.	104 025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cracker Barrel #29 Establishment Number # 605004905

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.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							
Dish Machine	Hot Water		184							

Equipment Temperature						
Description	Temperature (Fahrenheit)					
See Remarks						

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Grilled Chicken	Cooking	179
*Cut Leafy Greens	Cold Holding	46
*Liquid Egg Product	Cold Holding	50
*Sliced Tomatoes	Cold Holding	45
Ground Beef (Line cooling drawer)	Cold Holding	38
Chicken (cooling drawer)	Cold Holding	37
Trout (walk in)	Cold Holding	34
Cole Slaw (reach in)	Cold Holding	37
Cole Slaw (wait station)	Cold Holding	40
Sour Cream (wait station)	Cold Holding	40
Fried Chicken (holding cabinet)	Hot Holding	182
Mac & Cheese	Hot Holding	163
Grilled Chx	Hot Holding	160
Cooked Greens	Hot Holding	170
Dipper Well (1)	Hot Holding	147

Observed Violations

Total 📁 👍

Repeated # ()

20: TCS foods in low boy unit holding between 45-50*F. Must be 41*F or below. Have unit checked for proper operation. Products were moved to working cooler at time of inspection.

45: Excessive ice build up noted in walk in cooler.

47: Build up of food debris noted on contact surfaces on unused cookline.

53: Floors dirty behind/underneath equipment.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cracker Barrel #29

Establishment Number : 605004905

Comments/Other Observations

1: (IN): ANSI Certified Manager present.

- 2: (IN): An employee health policy is available.
- 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: (IN): Observed employees washing hands as needed.

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: (IN): Food products obtained from approved sources.
- 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: (IN) All raw animal foods cooked to proper temperatures.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (IN) TCS foods holding at 135*F or above. See food temperatures listed above.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (IN) Establishment using TPHC to control whole shelled eggs and pancake batter on cookline. Products appropriately time stamped at time of inspection.
- 23: (IN): Consumer advisory provided for raw or undercooked foods. Disclosure and reminder provided on menu.
- 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: (IN) Establishment does not allow smoking inside facility.
- 58: (IN): Tobacco products not sold at establishment.

***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.

Establishment Information

Establishment Name: Cracker Barrel #29

Establishment Number : 605004905

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

Establishment Information

Establishment Name: Cracker Barrel #29

Establishment Number #: 605004905

Sources							
Source Type:	Food	Source:	Approved sources noted				
Source Type:	Water	Source:	Public				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					

Additional Comments