TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| | | | | | | FOOD SERV | ICE ESTA | BL | ISH | M | INT | r II | ISI | PEC | TIC | ON REPORT | SCO | RE | | |
|----------|----------|----------|-------------|-----------------------|--|---|----------------------|----------|--------|-------------|----------|---------|-----------|---------|---------------|---|--------------------|--------|-----|-----|
| A. | | 1 | and a start | | | | | | | | | | | | | | $\mathbf{\cap}$ | | | |
| Esta | bīst | imen | t Nan | | Outback Stea | akhouse | | | | | | - | | | | Farmer's Market Food Unit Sermanent O Mobile | y | | | |
| Add | ress | | | | 544 Northgat | e Mall Drive | | | | | | Typ | xe of t | Establi | shme | O Temporary O Seasonal | | | | |
| City | | | | | Chattanooga | | Time in | 12 | 2:0 | 0 F | M | A | M/P | M Tir | me ou | ut 01:00: PM AM / PM | | | | |
| Insp | ectic | n Da | rte | | 02/21/202 | 3 Establishment # | 60521533 | 5 | | | Embe | irgoe | d 0 |) | | | | | | |
| Purp | ose | of In | spect | ion | Routine | O Follow-up | O Complaint | | | O Pr | limin | ary | | 0 | Cor | nsultation/Other | | | | |
| Risk | Cat | egon | | | O 1 | 第2 | O 3 | | | O 4 | _ | | | | | up Required 🛛 Yes 🕱 No | Number of S | eats | 24 | 2 |
| | | | | | | | | | | | | | | | | I to the Centers for Disease Contr control measures to prevent illne | | tion | | |
| | | (Me | rk der | lgnat | ed compliance status | | | | | | | | | | | INTERVENTIONS ach litem as applicable. Deduct points for c | alegory or subcate | gery.) | | |
| IN | ∘in c | ompīi | | | OUT=not in compliance | | NO=not observe | ю | | cc | | | | | | pection R=repeat (violation of the | same code provisio | xn) | | WY |
| | IN | OUT | NA | NO | Compi | Supervision | | COS | - K | | h | IN | оит | NA | NO | Compliance Status Cooking and Reheating of Time/I | | cos | ~ | WT |
| 1 | 鼠 | 0 | | | Person in charge pre performs duties | esent, demonstrates kr | owledge, and | 0 | 0 | 5 | 16 | 1 | 0 | 0 | | Control For Safety (TCS) P Proper cooking time and temperatures | oods | 0 | σ | |
| | IN XX | | NA | NO | | Employee Health od employee awarenes | ss: reporting | 0 | | _ | | ×. | ŏ | ŏ | - | Proper reheating procedures for hot hold | - | 00 | õ | 5 |
| 3 | × | 0 | | | Proper use of restrict | | | 0 | 0 | 5 | | IN | OUT | NA | NO | Cooling and Holding, Date Marking a Public Health Contro | | | | |
| 4 | IN XX | OUT O | NA | | | A Hygienic Practice a. drinking, or tobacco | | 0 | 0 | | 18 19 | 0 家 | 0 | 8 | | Proper cooling time and temperature Proper hot holding temperatures | | 0 | | |
| 5 | | 0 | NA | 0 | No discharge from e | yes, nose, and mouth g Contamination by | | ō | ō | 5 | 20 | 10 | 8 | 0 | | Proper cold holding temperatures Proper date marking and disposition | | | 0 | 5 |
| 6 | 黛 | 0 | | and the second second | Hands clean and pro | openly washed | | 0 | - | 5 | | 0 | ō | ŏ | | Time as a public health control: procedur | es and records | õ | ō | |
| 7 8 | × | 0 | 0 | 0 | alternate procedures | ct with ready-to-eat foo followed properly supplied and a | | 0 | 0 | | | IN | OUT | NA | NO | Consumer Advisory Consumer advisory provided for raw and | un domention d | | _ | |
| | IN | OUT | NA | | | Approved Source | COSSIDIE | | | _ | 23 | | 0 | 0 | 110 | food | | ٥ | ٥ | 4 |
| 10 | 嵐 0 | 0 | 0 | | Food obtained from a Food received at pro | per temperature | | 0 | | | 24 | IN O | OUT | NA | | Highly Susceptible Pepula Pasteurized foods used; prohibited foods | | 0 | 0 | 5 |
| 11 12 | 岌 | 0 | 0 | 0 | Required records av | on, safe, and unadulte ailable: shell stock tag | | 0 | 0 0 | 5 | - | IN | OUT | | | Chemicals | | - | - | |
| | IN | OUT | NA | NO | | ion from Contamina | ition | | | | 25 | 0 | 0 | 26 | | Food additives: approved and properly us | | 0 | | 5 |
| | | 8 | 응 | | Food separated and Food-contact surface | protected es: cleaned and sanitiz | ed | 8 | 8 | 4 | 26 | N IN | | NA | NO | Toxic substances properly identified, stor Conformance with Approved P | | 0 | 0 | |
| | × | 0 | | | Proper disposition of served | f unsafe food, returned | food not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized pr HACCP plan | ocess, and | 0 | 0 | 5 |
| | | | | Goo | d Retail Practice | s are preventive n | neasures to co | ntro | l the | intr | oduc | tion | of p | atho | gens | , chemicals, and physical objects | into foods. | | | |
| | | | | | | | | GOO | DR | ar/A | L PR | ACT | ICE | 5 | | | | | | |
| | | | | 00 | f=not in compliance Compli | iance Status | COS=come | | R R | | inspe | ction | | | | R-repeat (violation of the sam Compliance Status | | COS | R | WT |
| 2 | _ | OUT | Paste | uríze | Safe Fe d eggs used where re | ood and Water | | 0 | | 1 | | _ | UT | oodar | od no | Utensils and Equipment nfood-contact surfaces cleanable, propert | v designed | | | |
| 2 | 9 | 0 | Wate | r and | ice from approved so | | | 0 | 0 0 | 2 | 4 | 5 2 | MA 111 | | | and used |) anagina, | 0 | 0 | 1 |
| 3 | - | OUT | varia | nce c | | perature Control | , | | | _ | 4 | | _ | | | g facilities, installed, maintained, used, te | t strips | 0 | 0 | 1 |
| 3 | 1 | × | Prop | | ling methods used; a | adequate equipment fo | r temperature | 0 | 0 | 2 | 4 | | Ë N UT | lonfoo | d-con | Physical Facilities | | 0 | 0 | 1 |
| 3 | _ | | | | properly cooked for h thawing methods use | | | 8 | 8 | 1 | 4 | _ | | | | water available; adequate pressure stalled; proper backflow devices | | 8 | 8 | 2 |
| 3 | 4 | 0 | <u> </u> | | ters provided and ac | curate | | ŏ | ŏ | 1 | 5 | 0 (| o s | iewage | and | waste water properly disposed | | 0 | 0 | 2 |
| 3 | _ | | Food | | | container; required rec | orde everable | 0 | 0 | 1 | 5 | _ | | | | is: properly constructed, supplied, cleaned use properly disposed; facilities maintaine | | 0 | 0 | 1 |
| 3 | | OUT | F000 | prop | | Food Contaminatio | | - | | - | 5 | | - | - | | ities installed, maintained, and clean | , | - | 0 | 1 |
| 3 | 6 | 0 | Insec | ts, ro | dents, and animals no | ot present | | 0 | 0 | 2 | 5 | -+ | | | | ntilation and lighting; designated areas us | ed | 0 | 0 | 1 |
| 3 | 7 | 0 | Conta | amina | tion prevented during | g food preparation, sto | rage & display | 0 | 0 | 1 | | 0 | UΤ | | | Administrative Items | | | | |
| 3 | - | - | | | leanliness ths: properly used an | d stored | | 0 | 0 | 1 | 5 | | | | | nit posted inspection posted | | 0 | 2 | 0 |
| 4 | 0 | 0 | | | uits and vegetables | | | | õ | | Ĕ | ~ I (| 5 Iv | | -onit | Compliance Status | | YES | | WT |
| 4 | _ | OUT | In-us | e uter | Proper L nsils; properly stored | Use of Utensils | | 0 | 0 | 1 | 5 | 7 | - 0 | Complia | ance | Non-Smokers Protection / with TN Non-Smoker Protection Act | let | 20 | σ | |
| 4 | 2 | 0 | Utens | sils, e | quipment and linens; | properly stored, dried, | | 0 | 0 | 1 | 5 | 8 | T | obacc | o pro | ducts offered for sale | | 0 | 0 | 0 |
| 4 | _ | | | | /single-service article ed properly | es; properly stored, use | D | | 0 0 | | 5 | 9 | 11 | 10580 | co pr | oducts are sold, NSPA survey completed | | 0 | 0 | |
| | | corre | ict any | viola | tions of risk factor item | | | | | | | | | | | Repeated violation of an identical risk factor | | | | |
| | | | | | ecent inspection report | t in a conspicuous manne | er. You have the rig | the to n | eques | | | | | | | e. You are required to post the food service e lling a written request with the Commissioner | | | | |
| repo | 1 | 4 | section | ns 68- | | -708, 68-14-709, 68-14-711 | | | | | 2 | | \wedge | | ~ | | | | | |
| | | | | | \bigcirc | | 02/2 | 21/2 | 023 | 3 | | | \a | jr F | \mathcal{H} | A | C |)2/2 | 1/2 | 023 |

| Signature of | Person | In Charge | |
|--------------|--------|-----------|--|
|--------------|--------|-----------|--|

Date Signature of Environmental Health Specialist

| _ | - | - | - | - |
|---|---|---|---|-----|
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| | | | | |

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

| PH-2267 (Rev. 6-15) | Free food safety training ck | RDA 62 | | |
|----------------------|------------------------------|--------------|-------------------------|--------|
| 1192207 (1001: 0-10) | Please call (|) 4232098110 | to sign-up for a class. | 101020 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Outback Steakhouse Establishment Number #: 605215335

| 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 wenty-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. | |
| Sarage 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 (Fahrenheit) | | | | | |
| Sani bucket Dish machine | Sink and surface Heat | 1000 | 163 | | | | | |

| Equipment l'emperature | | | |
|------------------------|--------------------------|--|--|
| Description | Temperature (Fahrenheit) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Food Temperature | | | | | |
|------------------|---------------|--------------------------|--|--|--|
| Description | State of Food | Temperature (Fahrenheit) | | | |
| Cheese | Cold Holding | 40 | | | |
| Cut lettuce | Cold Holding | 41 | | | |
| Boiled egg | Cold Holding | 37 | | | |
| Potato soup | Reheating | 130 | | | |
| French onion | Hot Holding | 165 | | | |
| Chicken Raw | Cooling | 50 | | | |
| Rice | Cold Holding | 48 | | | |
| Pasta | Cold Holding | 39 | | | |
| Raw steak | Cold Holding | 41 | | | |
| Potato | Hot Holding | 195 | | | |
| Pasta | Cold Holding | 41 | | | |
| Burger | Cooking | 172 | | | |
| Raw fish | Cold Holding | 39 | | | |
| Raw steak | Cold Holding | 40 | | | |
| Aus jus | Hot Holding | 153 | | | |

Observed Violations

Total # 4

Repeated # ()

31: Prime rib in bags put in top of low boy tempong at 60 F. Inadequaye means of cooling down. Moved to walkin

45: Playe cooler door in poor repair, lexan tops in poor repair.

47: Build up on Shelf under coke cooler

53: Floor tiles in poor repair,

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Establishment Information

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Establishment Number : 605215335

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: Hands 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: Approved

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (IN) Parasite destruction paperwork available
- 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: Soup being reheated rapidly
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: See food temps
- 20: See food temps
- 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: 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:

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.

Establishment Information

Establishment Name: Outback Steakhouse Establishment Number: 605215335

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Outback Steakhouse

Establishment Number # 605215335

| Sources | | | | |
|--------------|-------|---------|-----|--|
| Source Type: | Food | Source: | Pfg | |
| Source Type: | Water | Source: | HUD | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |

Additional Comments