

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Hennen's Establishment Name Permanent O Mobile Type of Establishment 193 Chestnut St. O Temporary O Seasonal Address Chattanooga Time in 12:30 PM AM/PM Time out 01:00: PM AM/PM

12/21/2021 Establishment # 605187319 Embargoed 0 Inspection Date

ERoutine O Follow-up O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Number of Seats 260 Risk Category О3 04 Follow-up Required O Yes 疑 No orted to the Centers for Dis ase Control and Prevention

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS T, NA, NO) for each numbered item, For items marked OUT, mark COS or R for each item as applicable.

status (IN, OUT, NA, NO) for each nu

| 11 | ¥=in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | CC |)\$=cor | recte | d on-si | te dur | ing in | spection R=repe |
|----|--------|-------|------|----|---|-----|---|--------|---------|-------|---------|--------|--------|--|
| | | | | | Compliance Status | cos | R | WT | | | | | | Compliance S |
| | IN | оит | NA | NO | Supervision | | | | | IN | оит | NA | NO | Cooking and Rehea |
| 1 | 羅 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | 16 | 0 | 0 | 0 | 507 | Proper cooking time and |
| | IN | OUT | NA | NO | Employee Health | | | | 17 | _ | ŏ | ŏ | 8 | Proper reheating procedu |
| 2 | 100 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | \Box | | | | | | Cooling and Holding, |
| 3 | 寒 | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | | IN | OUT | NA | NO | a Public |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | 18 | 0 | 0 | 0 | 涎 | Proper cooling time and t |
| 4 | * | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 19 | 0 | 0 | 0 | 黨 | Proper hot holding tempe |
| 5 | 黨 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | Ľ | 20 | 243 | 0 | 0 | | Proper cold holding temp |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | 21 | * | 0 | 0 | 0 | Proper date marking and |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | 22 | ٥ | 0 | × | 0 | Time as a public health o |
| 7 | 釵 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 | | | OUT | | _ | Consur |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | | | - | | | Consumer advisory provi |
| | IN | OUT | NA | NO | Approved Source | | | | 23 | × | 0 | 0 | | food |
| 9 | 嵩 | 0 | | | Food obtained from approved source | 0 | 0 | | | IN | OUT | NA | NO | Highly Susce |
| 10 | 0 | 0 | 0 | 3% | Food received at proper temperature | 0 | 0 | | 24 | 0 | 0 | 300 | | Pasteurized foods used: |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 |] 5 | 24 | _ | Ľ | (40) | | Pasteurized loods used, |
| 12 | × | 0 | 0 | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | | IN | OUT | NA | NO | a |
| | | OUT | NA | NO | Protection from Contamination | | | | 25 | 0 | 0 | X | | Food additives: approved |
| 13 | Ŕ | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | 26 | 2 | 0 | | _ | Toxic substances properl |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | | IN | OUT | NA | NO | Conformance wit |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance HACCP plan |

| _ | | | | | Compliance Status | cos | к | WI |
|----|----|-----|----|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | 0 | 黨 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | _ | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | 0 | 0 | 0 | 文 | Proper hot holding temperatures | 0 | 0 | |
| 20 | | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | 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 | M | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 8 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | , |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

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

L PRACTICES

| | | | GOO | | |
|----|-----|--|-----|---|---|
| | | OUT=not in compliance COS=corr | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Caro i con amo i i mon | | | |
| 28 | _ | Pasteurized eggs used where required | 0 | 0 | |
| 29 | 0 | Water and ice from approved source | 0 | 0 | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | г |
| 34 | XX | Thermometers provided and accurate | 0 | 0 | Н |
| | OUT | Food Identification | 1 | Ť | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | Γ |
| | OUT | Prevention of Feed Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | |
| 37 | 338 | Contamination prevented during food preparation, storage & display | 0 | 0 | Г |
| 38 | 0 | Personal cleanliness | 0 | 0 | Г |
| 39 | 188 | Wiping cloths; properly used and stored | 0 | 0 | г |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | Г |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | Г |
| 42 | 100 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | Г |
| 43 | 0 | | 0 | 0 | Г |
| 44 | 0 | Gloves used properly | - | 0 | г |

| pecti | | R-repeat (violation of the same code provision) Compliance Status | cos | R | W |
|-------|-----|--|------|----|-----|
| | OUT | Utensiis and Equipment | 1000 | | |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 47 | 凝 | 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 | 0 | Sewage and waste water properly disposed | 0 | 0 | - 3 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 2% | Physical facilities installed, maintained, and clean | 0 | 0 | , |
| 54 | 羅 | Adequate ventilation and lighting; designated areas used | 0 | 0 | • |
| | OUT | Administrative Items | | | |
| 55 | 0 | Current permit posted | 0 | 0 | П |
| 56 | 0 | Most recent inspection posted | 0 | 0 | _ ` |
| | | Compliance Status | YES | NO | V |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - XK | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

re to correct any violations of risk factor items within ten (10) days may result in suspension of your ce establishment permit. Items identified as constituting imminent health hazards shall be corrected in ner 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 w.r. T.C.A. sections 68-14-703, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. within ten (10) days of the date of th

> 12/21/2021 12/21/2021

Signature of Person In Charge

Date Signature of Environmental Health Specialist

Date

**** 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: Hennen's

Establishment Number # 605187319

| | NSPA Survey – To be completed if #57 is "No | |
|---|--|---|
| I | Age-restricted venue does not affirmatively restrict access to | t |

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 inflitrating into areas where smoking is prohibited.

Smoking observed where smoking is prohibited by the Act.

| Warewashing Info | | | | | | | |
|----------------------------------|----------------|-----------|---------------------------|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | |
| Sanitizer Bucket Dish Machine | QA Chlorine | 200 50 | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|---------------------------|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | |
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| Food Temperature | | |
|------------------|---------------|---------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| Shrimp | Cold Holding | 37 |
| Chicken | Cold Holding | 37 |
| Dairy | Cold Holding | 39 |
| Potatoes | Cold Holding | 38 |
| Beefs | Cold Holding | 37 |
| Greens | Cold Holding | 36 |
| Tomato | Cold Holding | 36 |
| Butter | Cold Holding | 38 |
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| Observed Violations | | | | | | | |
|--|--|--|--|--|--|--|--|
| Total # 7 | | | | | | | |
| Repeated # 0 | | | | | | | |
| 34: Multiple units without thermometers. | | | | | | | |
| 37: Boxes of food product observed stored on floor of walk-in. | | | | | | | |
| 39: Soiled towel observed stored improperly. | | | | | | | |
| 42: Wet nesting observed. | | | | | | | |
| 47: Nonfood-contact surfaces soiled/dirty. | | | | | | | |
| | | | | | | | |
| 53: Units observed in poor repair. | | | | | | | |
| 54: Light covers missing in walk-in cooler. | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | |
|--|--|---|
| Establishment Name: Hennen's | | |
| Establishment Number: 605187319 | | |
| Comments/Other Observations | | _ |
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Additional Comments

See last page for additional comments.

^{19:} 20: 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours. 22: 23: 24:

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

| Establishment Name: Hennen's Establishment Number: 605187319 | Establishment Information | |
|---|--|--|
| Establishment Number: 605187319 Comments/Other Observations (cont'd) Additional Comments (cont'd) | Establishment Name: Hennen's | |
| Additional Comments (cont'd) | Establishment Number: 605187319 | |
| Additional Comments (cont'd) | | |
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| Establishment Information | | | | |
|---------------------------|-----------|---------|--------|--|
| Establishment Name: He | | | | |
| Establishment Number #: | 605187319 | | | |
| | | | | |
| Sources | | | | |
| Source Type: | Water | Source: | Public | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Additional Comments | | | | |
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