

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Formosa Permanent O Mobile Establishment Name Type of Establishment 5425 Hwy 153 Suite 129 O Temporary O Seasonal Address Hixson Time in 11:50; AM AM / PM Time out 12:20; PM AM / PM City 10/07/2021 Establishment # 605249329 Embargoed 0 Inspection Date

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

Number of Seats 97 Risk Category О3 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

12	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		0
	Compliance Status				cos	R	WT	
	IN	OUT	NA	NO	Supervision			
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	100	0			Management and food employee awareness; reporting	0	0	$\overline{}$
3	×	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Proventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	Ж	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	Ŕ	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re-	0	0	2

					Compliance Status	COS	R	WT
	IN	оит	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	X	0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	×	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	24	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	X		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used	0	0	3
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

s, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mori	-		_
28	0	Pasteurized eggs used where required	0	0	1
29	0		0	0	
30	0	Variance obtained for specialized processing methods	0	0	<u></u>
	OUT	Food Temperature Control		_	
31	ᄣ	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	
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	0	Contamination prevented during food preparation, storage & display	0	0	1
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	120	In-use utensils; properly stored	0	0	Ε.
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0		0	0	г
44		Gloves used properly	0	0	_

Signature of Person In Charge

pect	OH)	R-repeat (violation of the same code provision		-	140
		Compliance Status	cos	R	W
	OUT	Utensils and Equipment	_	_	_
45	麗	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	
47	0	Nonfood-contact surfaces clean	0	0	_
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	
50	0	Sewage and waste water properly disposed	0	0	- :
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	
53	3%	Physical facilities installed, maintained, and clean	0	0	_
54	羅	Adequate ventilation and lighting; designated areas used	0	0	,
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	'
		Compliance Status	YES	NO	٧
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	١
59		If tobacco products are sold, NSPA survey completed	0	0	

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

10/07/2021

Date Signature of Environmental Health Specialist

10/07/2021 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



Establishment Information						
Establishment Name: Formosa						
stablishment Name: Formosa						
Establishment Number #: 605249329						
MCDA Common To be completed if	4F7 := #M=#					
NSPA Survey – To be completed if: Age-restricted venue does not affirmatively rest		facilities at all times to ne	rsons 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-Si	moking" symbol are not cons	picuously posted at every	entrance.			
Garage type doors in non-enclosed areas are n	ot completely open.					
Tents or awnings with removable sides or vents	s in non-enclosed areas are r	not completely removed or	ropen.			
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.				
Smoking observed where smoking is prohibited	by the Act.					
Warewashing Info			1 = 1			
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)		
Equipment Temperature						
Description			Temperature (Fahr	enhelt)		
Food Temperature						
Food Temperature		State of Food	Temperature (Fahr	enheit)		
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		State of Food	Temperature (Fahr	enheit)		

Observed Violations
Total # 5 Repeated # 0
Repeated # 0
31:
11 :
1 5:
53:
54:
""See page at the end of this document for any violations that could not be displayed in this space

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information	
Establishment Name: Formosa	
Establishment Number: 605249329	

Comments/Other Observations	
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Additional Comments

See last page for additional comments.

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

Establishment Name: Formosa	
Establishment Number: 605249329	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	
occ hast page for additional comments.	

Establishment Information

Establishment Inform	
Establishment Name: Fo	
Establishment Number #:	605249329
Sources	
Source Type:	Source:
Additional Comme	nts