

Establishment Name

Address

Risk Category

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Type of Establishment

O Farmer's Market Food Unit

Remanent O Mobile

O Temporary O Seasonal

O Yes 疑 No

Follow-up Required

Time in 02:30 PM AM/PM Time out 02:57: PM AM/PM

Number of Seats 136

SCORE

01/31/2024 Establishment # 605253839 Embargoed 0 Inspection Date ₩ Follow-up Purpose of Inspection Routine O Complaint O Preliminary

O Consultation/Other О3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| - 12 | IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | ed | | C | |
|------|--|-----|----|----|---|-----|---|----|
| | | | | | Compliance Status | COS | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 盔 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | $\exists X$ | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 |
| 5 | 滋 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 100 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 拟 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | X | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 200 | 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 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | × | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | × | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

Chago's Mexican Restaurant

579 Almaville Rd

Smyrna

| | | | | | Compliance Status | cos | R | WT |
|----|-----|-----|----|----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 黨 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 8 | 0 | 0 | 0 | Proper reheating procedures for hot holding | 0 | 0 | ۰ |
| | IN | оит | NA | NO | 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 | 243 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | 250 | 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 | 菜 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

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

| | | | G00 | | |
|----------|------|--|-----|---|-----|
| | | OUT not in compliance COS-com | | | |
| | Tour | Compliance Status | cos | K | w |
| | OUT | | - | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | _ 1 |
| 29 | 0 | Water and ice from approved source | 0 | 0 | Ľ |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | Ŀ |
| | OUT | Food Temperature Control | | | _ |
| 31 | ᄣ | 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 | 1 |
| 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 Feed Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | |
| 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 | Г |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | in-use utensils; properly stored | 0 | 0 | Г |
| | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 |
| 42 | | | - | ~ | _ |
| 42 43 | 0 | Single-use/single-service articles; properly stored, used | -0 | 0 | ١, |

| pecti | | R-repeat (violation of the same code provision) Compliance Status | COS | R | W |
|-------|-----|--|-------|----|-----|
| | OUT | Utensiis and Equipment | 000 | | |
| 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 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | 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 | - 3 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | ١. |
| 53 | 2% | Physical facilities installed, maintained, and clean | 0 | 0 | - |
| 54 | 0 | 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 | 8 |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 100 | 0 | |
| 58 | | Tobacco products offered for sale | 000 | | |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

You have the right to request a h ten (10) days of the date of the 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

01/31/2024

Date

01/31/2024

Signature of Person In Charge

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

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Chago's Mexican Restaurant Establishment Number ≠: 605253839

| 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 (Fahrenheit) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|--|---------------------------|--|--|--|
| Description | | Temperature (Fahrenheit) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Food Temperature Description | State of Food | Temperature (Fahrenheit) |
|--------------------------------|---------------|---------------------------|
| Refried beans cooked yesterday | Cooling | 39 |
| Cheese queso steam well | Hot Holding | 150 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| served Violations |
|--|
| peated # () |
| peated# () |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| One maps at the end of this document for any violations that could not be displayed in this space. |

^{&#}x27;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 Name: Chago's Mexican Restaurant

Establishment Information

Additional Comments

See last page for additional comments.



| Comments/Other Observations | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| : Observed great hand washing | |
| | |
| : (IN): All handsinks are properly equipped and conveniently loca : 0: 1: 2: 3: 4: 5: | ted for food employee use. |
| | |
| D: | |
| 1: | |
| 2: | |
| 3: | |
| <u>4</u> : | |
| 5: | |
| | |
| 7: Discussed reheating procedures. Pic understands to reheat che | eese queso made the day before on stove to 165 or |
| igher then place in steam well to hot hold. | |
| 8: Discussed cooling methods and procedures and implementing | a food safety plan to gain active managerial control |
| ver cooling foods. | |
| 9: | |
| 0: | |
| 1: | |
| 9: 0: 1: 2: 3: 4: 5: 6: | |
| 3: | |
| 4: | |
| 5: | |
| 6: | |
| <u>7</u> : | |
| 7: | |
| 8: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

| Establishment Name: Chago's Mexican Restaurant | | | | |
|--|--|--|--|--|
| Establishment Number: 605253839 | | | | |
| | | | | |
| Comments/Other Observations (cont'd) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Additional Comments (cont'd) | | | | |
| See last page for additional comments. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Establishment Information

| Establishment Information | | | | | | | |
|--|---|--|--|--|--|--|--|
| Establishment Name: Chago's Mexican Restaurant | | | | | | | |
| Establishment Number # 605253839 | | | | | | | |
| | | | | | | | |
| Sources | | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Additional Comments | | | | | | | |
| | ish for operator. Discussed implementing a food safety plan og sheet for foods upon arrival. Also discussed the free | | | | | | |
| All priority item violations have been corrected. Excell Delivered warning letter for repeat violation item #18: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |