# TENNESSEE DEPARTMENT OF HEALTH

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Date

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FOOD SERVICE EST				CE ESTA	BL	ISH	IMI	ENT	Г II	NSI	PEC	тю	ON REPORT	SCO	RE					
S.	100	14	T. C.																	
Eets	hiel	hmen	t Nar		Alleia			Type of Establishment     O Fermer's Market Food Unit     EPermanent O Mobile									K			
	ress				25 E. Main St.	., Suite 101					_	Тур	xe of t	Establi	shme	O Temporary O Seasonal				
City					Chattanooga		Time in	02	2:2	6 F	M	A	M/P	M Tir	ne ou	ut 03:20; PM АМ/РМ				
	Inspection Date 12/08/2022 Establishment # 605208431							_												
	Purpose of Inspection RRoutine O Follow-up O Complaint						_	elimir			-	Cor	nsuitation/Other							
Risi	Cat	egor				<u>80</u> 2	03			<b>O</b> 4						up Required O Yes 🕱 No	Number of Se		14	0
		R	isk I													I to the Centers for Disease Contr control measures to prevent illne		ion		
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS. (Mark designated compliance status (IN, OUT, NA, NO) for each numbered liem. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)																			
IN	⊨in c	ompli		agan	OUT=not in compliance	NA=not applicable	NO=not observe		Red in h							pection R=repeat (violation of the				
F		0.07	NA	110	Complia	ance Status		COS	R	WT	F	_				Compliance Status Cooking and Reheating of Time/		cos	R	WT
	in E	001	NUA	NO	Person in charge pres	Supervision sent, demonstrates kno	wiedge, and	0		-		IN	OUT	NA	NO	Control For Safety (TCS) I	Foods			
1		-	NA	NO	performs duties	mployee Health		0	0	5		<u>凉</u> 0	0	<b>○</b> 送		Proper cooking time and temperatures Proper reheating procedures for hot hold	ing	0	8	5
	XX	0			Management and food Proper use of restriction	d employee awarenes	s; reporting	0	8	5		IN	оυт		NO	Cooling and Holding, Date Marking	, and Time as		_	
-	_		NA	NO		Hygionic Practicos		-		-	18	X	0	0	0	a Public Health Contro Proper cooling time and temperature	я	0	0	
4	区区	0			Proper eating, tasting, No discharge from eye		15e	0	8	5		0	0	窯	0	Proper hot holding temperatures		0	8	
	IN	OUT	NA	NO	Preventing	<b>Contamination</b> by	Hands					100		8	0	Proper cold holding temperatures Proper date marking and disposition		ŏ	ŏ	5
	嵐				Hands clean and prop No bare hand contact		is or approved	0	-	5	22	0	0	×	0	Time as a public health control: procedur	es and records	0	0	
7	鬣	0	0	0	alternate procedures f	followed		0	0	·		IN	OUT	NA	NO	Consumer Advisory				
8	N IN	OUT	NA	NO	Handwashing sinks pr	roperly supplied and a pproved Source	coessible	0	0	2	23	×	0	0		Consumer advisory provided for raw and food	undercooked	0	0	4
9		0	_		Food obtained from ap	pproved source			0			IN	ουτ	NA	NO	Highly Susceptible Popula	tions		_	
10 11	0 ※	8	0	×	Food received at prop Food in good condition	er temperature n. safe, and unadulter	ated	0	00	5	24	0	0	×		Pasteurized foods used; prohibited foods	not offered	0	0	5
	õ	ō	×	0	Required records avail			ō	ō			IN	OUT	NA	NO	Chemicals		_		
H	IN	OUT	NA	NO	destruction Protectio	on from Contaminat	lion	-	-	_	25	0	0	x		Food additives: approved and properly u	sed	0	0	
		0			Food separated and p				0		26	篾	_		_	Toxic substances properly identified, stor		0	0	5
$\rightarrow$	黨	0	0		Food-contact surfaces Proper disposition of u			0	0 0	5	27	IN O	OUT	NA	NO	Conformance with Approved P Compliance with variance, specialized pr		0	0	5
15	~	•			served			U	<b>U</b>	-	21	0	Ŭ	~		HACCP plan		•	~	0
				Goo	d Retail Practices	are preventive m	easures to co	ntro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects	into foods.			
				All			608	G00					1CE	3			o on in one (nino)			
				00	fenct in compliance Complia	nce Status	COS=corre		R			sction				R-repeat (violation of the sam Compliance Status		COS	R	WT
2		OUT	Dact	0.0570	Safe Fee d eggs used where red	od and Water		~	0	-			UT	and ar	d no	Utensils and Equipment nfood-contact surfaces cleanable, proper	by designed	_	_	
2	9	0	Wate	er and	ice from approved sou	urce		0	0	2	4	5				and used	ly designed,	0	0	1
3	0	OUT		ince o	btained for specialized Feed Temp	d processing methods erature Control		0	0	1	4	6	o v	Varewa	shin	g facilities, installed, maintained, used, te	st strips	0	0	1
3	1		Prop		ling methods used; ad		temperature	0	0	2	4	_	-	lonfoo	s-con	itact surfaces clean		0	0	1
	2		contr		properly cooked for ho	y holding		0	0	-			UT O ⊦	ict and	cold	Physical Facilities water available; adequate pressure		0	0	2
_	3				thawing methods used			0	0	1	4	_	-			stalled, proper backflow devices		0	0	2
3	4	0 OUT		mome	ters provided and acc	iontification		0	0	1	5	_	-			waste water properly disposed	4		00	2
3	5	001		10000	erly labeled; original co		rds available	0	0	1	5	_				<ul> <li>properly constructed, supplied, cleaner</li> <li>use properly disposed; facilities maintaine</li> </ul>		0	0	1
-		OUT		, prop		ood Contamination		Ŭ		-			_	-		ities installed, maintained, and clean	<u> </u>		0	1
3	6	0	Inse	cts, ro	dents, and animals not			0	0	2	-	_	-			ntilation and lighting; designated areas us	led	0	0	1
3	7	0	Cont	amina	tion prevented during	food preparation, stor	age & display	0	0	1		0	υт			Administrative Items				
3	_	0	Pers	onal c	leanliness			0	0	1			0	Jurrent	perm	nit posted		0	0	0
	9 0			<u> </u>	ths; properly used and uits and vegetables	stored		0	0	1	5	6	0	fost re	cent	Compliance Status			0 NO	WT
		OUT			Proper Us	se of Utensils										Non-Smokers Protection			_	
4	12				sils; properly stored		haded		8		5	7				with TN Non-Smoker Protection Act ducts offered for sale		8	읭	0
4		0	Sing	le-use	quipment and linens; p /single-service articles	s; properly stored, user	di la	0	0	1	5	9				oducts onered for sale oducts are sold, NSPA survey completed			8	v
4	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																			
man	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 in a conspicuous manner 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 with the Commissioner within ten (10) days of the date of this																			
repo	eport. T.C.A. sections (8-14-703, 68-14-706, 68-14-708, 68-14-711, 68-14-715, 68-14-716, 4-5-329.																			
			•	~	$\sim$		12/0	)8/2	022	2		_		$\mathcal{L}$		1	1	.2/0	8/2	2022

Signature of Person In Charge	Date		Signature of Environmental Health Specialist	
	* Additional food safety information can be found on ou	ır v	vebsite, http://tn.gov/health/article/eh-foodservic	ce ****
	Free food safety training classes are available	e e	ach month at the county health department.	

PH-2267 (Rev. 6-15)	ree food safety training class	RDA 629		
rivezoi (nev. o-io)	Please call (	) 4232098110	to sign-up for a class.	nur des

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

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Establishment Name: Alleia Establishment Number #: 605208431

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)			
Echo lab	Chlorine	50				
Triple sink	Quat	200				
	[					

quipment l'emperature							
Description	Temperature (Fahrenheit)						

Description	State of Food	Temperature (Fahrenheit)
Angel pasta	Cold Holding	40
Chicken sausage	Cooling	55
Pork roast	Cooking	190
Meat	Cold Holding	38
Cheese	Cold Holding	38
Lettuce	Cold Holding	39
Pasta	Cooling	55
Pasta	Cold Holding	41
Dairy	Cold Holding	40
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Observed Vi	iolations
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Total #

Repeated # ()

31: Break portions that are being cooled to smaller containers large plastic bucket not approved for cooling only storage

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

#### Establishment Information

Establishment Name: Alleia

Establishment Number : 605208431

#### 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: `

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:

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: All muscles are fully cooked
- 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:

- 17: (NA) No TCS foods reheated for hot holding.
- 18: Break cabbage into smaller batches to cool
- 19: (NA) Establishment does not hot hold TCS foods.

20:

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.

- 22: (NA) No food held under time as a public health control.
- 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: Alleia

Establishment Number: 605208431

Comments/Other Observations (cont'd)

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

#### Establishment Information

Establishment Name: Alleia

Establishment Number # 605208431

Sources			
Source Type:	Food	Source:	Evans meat
Source Type:	Food	Source:	Mussels cape code shellfish &
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

### Additional Comments