TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| | | | | | | | | | | | | | 101 | 20 | | UN REPORT | | | | | |
|----------|---|------|--------|--------|--------------------------------------|---|---|----------|--------|-----------|----------|------------|-----------|-------------|---------|--|--------------------------|--------------------------|----------|----|----|
| 198 | Rafael's Italian Restaurant Type of Establishment Name | | | | | | | | | | | | | | | | | | | | |
| Establ | Establishment Name | | | | | | | | | T | | | - | E Parmanant | | | | | | | |
| Addres | is | | | | 5032 Ool | tewah Ringgo | ld Rd. | | | | | тур | Xe of E | Establi | snme | O Temporary | O Seasonal | | | | |
| City | | | | | Ooltewah | | Time in | 11 | 1:1 | 0 A | M | AJ | M/P | и ти | me or | 11:30 AM | AM / PM | | | | |
| Inspec | K.e.w | | ta | | 09/19/2 | 022 Establisher | ent# 60521911 | | | | | - | d 0 | | | | | | | | |
| Purpos | | | | | ORoutine | Follow-up | O Complaint | | | - O Pr | | - | <u> </u> | | 0.00 | nsultation/Other | (| | | | |
| Risk C | | | | | 01 | \$122 | 03 | | | 04 | | , | | | | | Yes 儗 No | Number of S | ioats | 10 | 0 |
| Nako | 016 | | isk I | | ors are food | preparation pract | ices and employee | | vior | 8 mo | | | | repo | ortec | to the Centers fo | r Disease Cont | rol and Preven | tion | _ | |
| | | | | as c | ontributing f | | ne iliness outbreak BORNE ILLNESS Ri | | | _ | | | | _ | | | to prevent illn | ess or injury. | | | |
| | | (144 | rk de | elgnei | ed compliance s | |) for each numbered iten | | | | | | | | | | Deduct points for | category or subcate | gory.) | | |
| IN=in | cor | mpīi | ance | | | pliance NA=not appli ompliance Status | | d COS | I R I | | S=cor | recte | d on-si | ite duri | ng ins | pection R=r Compliance | | e same code provisi | | R | WT |
| IN | | DUT | NA | NO | | Supervision | | | | | | IN | оит | NA | NO | Cooking and Rel | | Temperature | | | |
| 1 1 | 1 | 0 | _ | | | ge present, demonstra | ates knowledge, and | 0 | 0 | 5 | | | | | | | or Safety (TCS) | Foods | | | |
| | | | NA | NO | performs dutie | S Employee Her | ith | - | | - | | 00 | 0 | 8 | | Proper cooking time a Proper reheating proc | | ding | 00 | 읭 | 5 |
| 2 3 | | _ | | | | and food employee aw | | | 0 | 5 | | IN | оит | NA | NO | Cooling and Holdin | ng, Date Markin | g, and Time as | | | |
| 3 🕅 | - | 0 | | 110 | Proper use of r | restriction and exclusion | | 0 | 0 | · | 4.0 | | | | | | lic Health Contr | rel | _ | _ | |
| 4 2 | | 0 | NA | | Proper eating. | Good Hygienic Pra tasting, drinking, or to | | 0 | | | | 0 | 0 | 8 | | Proper cooling time an Proper hot holding ten | | | 0 | | |
| 5 🚬 | 5 | 0 | NA | | | rom eyes, nose, and r | | 0 | 0 | ° | | X | 0 | 0 | ~ | Proper cold holding te | | | 0 | 8 | 5 |
| 6 | | 0 | nua. | | | enting Centaminati nd properly washed | ion by Hands | 0 | 0 | | 21 | 0 | 0 | 0 | | Proper date marking a | | and an end of the second | | _ | |
| 7 8 | _ | 0 | 0 | 0 | No bare hand | contact with ready-to- | eat foods or approved | 0 | 0 | 5 | " | IN | O OUT | NA | - | Time as a public heat | sumer Advisory | | 0 | 0 | |
| 8 🔊 | 8 | 0 | | | | dures followed sinks properly supplied | | 0 | 0 | 2 | 23 | _ | 0 | 12 | NO | Consumer advisory p | | | 0 | 0 | 4 |
| 9 X | | | NA | NO | Ecod obtained | Approved Source from approved source | | 0 | 0 | _ | | IN | OUT | | NO | food | sceptible Popul | ations | ~ | - | - |
| 10 C | 7 | 0 | 0 | 20 | Food received | at proper temperature |) | 0 | 0 | | 24 | | 0 | 20 | | Pasteurized foods use | | | 0 | 0 | |
| 11 🖇 | _ | 0 | | | | condition, safe, and un rds available: shell sto | | 0 | 0 | 5 | 24 | | - | | | Pasteurized toods use | | s not offered | • | 9 | • |
| 12 O | | 0 | × | 0 | destruction | | | 0 | 0 | | | IN | OUT | | | | Chemicals | | | | |
| 13 📡 | | | NA | NO | | d and protected | amination | 0 | | 4 | 25 26 | 巡 0 | 0 | X | | Food additives: appro Toxic substances pro | | | | 읭 | 5 |
| 14 🕈 | 5 | ŏ | ŏ | | | surfaces: cleaned and | sanitized | | ŏ | 5 | | | - | NA | NO | | with Approved I | | Ť | _ | |
| 15 🧕 | 8 | 0 | | | Proper disposit served | tion of unsafe food, re | turned food not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with varia HACCP plan | ince, specialized p | process, and | 0 | 0 | 5 |
| | | | | Goo | d Retail Pra | ctices are prevent | tive measures to co | ntro | l the | intr | oduc | tion | ofp | atho | gens | , chemicals, and p | shysical object | a into foods. | | | |
| | | | | _ | | | | | | | | | TCER | | | | | | | | |
| | | | | 00 | T=not in complian | | COS=corre | cted o | n-site | during | | | | | | | (violation of the sar | me code provision) | | _ | |
| | TC | DUT | | | | ompliance Status of Food and Water | 1 | COS | R | WT | \vdash | 10 | UT | | | | ce Status d Equipment | | cos | R | WT |
| 28 | | | | | d eggs used w | here required | | 0 | 0 | 1 | 4 | _ | ar Fr | | | nfood-contact surfaces | | rly designed, | 0 | 0 | 1 |
| 29 30 | | | | | lice from appro obtained for spe | cialized processing m | ethods | 8 | 0 | 2 | \vdash | + | ~ 0 | | | and used | cideicad orac d to | at at fina | - | - | |
| | C | DUT | | | | Temperature Cont | | I | | | 4 | | _ | | | g facilities, installed, m itact surfaces clean | aintained, used, to | ter en be | 0 | 0 | 1 |
| 31 | Ŀ | 0 | Prop | | oling methods u | ised; adequate equipri | nent for temperature | 0 | 0 | 2 | 4 | _ | O N UT | ontoo | a-cor | | Facilities | | 0 | 0 | 1 |
| 32 | _ | | Plant | food | | d for hot holding | | | 0 | 1 | 4 | 8 (| 0 H | | | water available; adeq | uate pressure | | 0 | | 2 |
| 33 | _ | _ | | | thawing methor eters provided a | | | 8 | 0 | 1 | 49 | _ | _ | | | stalled, proper backflow waste water properly | | | 0 | 0 | 2 |
| | _ | JUT | The | | | ood identification | | Ľ | | <u> </u> | 5 | | | | | s: properly constructe | | d | | ŏ | 1 |
| 35 | | 0 | Food | i prop | erly labeled; ori | ginal container; requir | ed records available | 0 | 0 | 1 | 5 | 2 8 | 🐹 G | Sarbag | e/refi | use properly disposed; | facilities maintain | ed | 0 | 0 | 1 |
| | c | DUT | | | Preventio | on of Feed Contam | ination | | | | 5 | 3 (| 0 P | hysica | al faci | lities installed, maintai | ned, and clean | | 0 | 0 | 1 |
| 36 | | × | Insec | ts, ro | dents, and anin | nais not present | | 0 | 0 | 2 | 5 | 4 8 | 🖹 A | vdequa | nte ve | ntilation and lighting; d | lesignated areas u | sed | 0 | 0 | 1 |
| 37 | T | 0 | Cont | amina | ation prevented | during food preparatio | on, storage & display | 0 | 0 | 1 | | 0 | UT | | | Administra | ntive items | | | | |
| 38 | | | | | leanliness | | | 0 | 0 | 1 | 5 | | | | - | nit posted | | | 0 | 0 | 0 |
| 39 40 | _ | | | _ | ths; properly us ruits and vegeta | | | 8 | 0 | 1 | 54 | 6 (| 0 M | lost re | cent | inspection posted Compliance | e Status | | O YES | NO | - |
| | C | TUC | | | Pro | per Use of Utensil | • | | · · · | | | | | | | Non-Smol | kers Protection | Act | | | |
| 41 42 | | | | | nsils; properly s quipment and li | tored inens; properly stored | died bandled | | 8 | | 5 | 7 | | | | with TN Non-Smoker I ducts offered for sale | Protection Act | | 8 | 읭 | 0 |
| 43 | | 0 | Singl | e-use | /single-service | articles; properly stored | | 0 | 0 | 1 | 5 | | | | | oducts are sold, NSPA | survey completer | đ | ŏ | ŏ | v |
| 44 | Γ | 0 | Glov | es us | ed properly | | | 0 | 0 | 1 | | | | | | | | | | | |
| | | | | | | | days may result in susper ent health hazards shall b | | | | | | | | | | | | | | |
| manner | an | d po | st the | most | recent inspection | report in a conspicuous | manner. You have the rig | the to r | eques | | | | | | | | | | | | |

+; |e) n ſ Signature of Person In Charge

09/19/2022

22 Rtt Idd Date Signature of Environmental Health Specialist

09/19/2022

SCORE

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. | |

| Please call () 4232098110 to sign-up for a class. | PH-2267 (Rev. 6-15) | Free food safety training cla | sses are available each mor | th at the county health department. | RDA 629 |
|--|---------------------|-------------------------------|-----------------------------|-------------------------------------|---------|
| | P192207 (Nev. 0-15) | Please call (|) 4232098110 | to sign-up for a class. | 104 025 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Rafael's Italian Restaurant Establishment Number # 605219119

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) | | | | | | |
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| Equipment l'emperature | |
|------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
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| Description | State of Food | Temperature (Fahrenheit |
|-------------|---------------|--------------------------|
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| Diserved Violations Totar 5 See original report. 12: See original report. 13: See original report. 14: See original report. 14: See original report. | Observed 1/5-below |
|--|-------------------------|
| Repeated # 0 36: See original report. 42: See original report. 45: See original report. 52: See original report. | |
| 36: See original report. 12: See original report. 15: See original report. 52: See original report. | |
| 12: See original report. 15: See original report. 52: See original report. | |
| 15: See original report. 52: See original report. | 6: See original report. |
| 15: See original report. 52: See original report. | 2: See original report. |
| 52: See original report. | 5: See original report. |
| 4: See original report. | 52. See original report |
| se ongina report. | 2. See original report. |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Rafael's Italian Restaurant Establishment Number : 605219119

| (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicab operation. 2: 3: | e to the food |
|--|---------------|
| operation. 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer that 22: 23: 24: 25: 26: 27: 27: 27: 27: 27: 27: 27: 27 | |
| 9: 10: 11: 12: | |
| 13. 14: 15: 16: 17: | |
| 18: 19: 20: 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer that 22: | n 24 hours. |
| 23: 24: 25: 26: 27: | |
| 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: Rafael's Italian Restaurant

Establishment Number: 605219119

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Rafael's Italian Restaurant Establishment Number # 605219119

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments

Owner not on premises during follow up inspection. Manager Ryan Brown will contact owner about Serv Safe status as agreed upon by owner and Hamilton County Health Department in most recent corrective action plan.