### **TENNESSEE DEPARTMENT OF HEALTH** FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

	FOOD SERVICE ESTABLISHMENT INSPECTION REPORT SCORE																			
Ş			and the second																	
Esta	bīst	imen	t Narr		Kabob-ste	r						-				Farmer's Market Food Unit     Permanent O Mobile	<b>U</b>			
Addr	tdress 1408 Gunbarrel Rd											Typ	pe of I	Establi	shme	O Temporary O Seasonal				
City					Chattanoo	ga	Time ir	01	L:1	QF	PM	A	M/P	M Tir	me or	ut 01:40:PM AM/PM				
Insp	ectic	n Da	rte		10/21/20	022 <sub>Establis</sub>	hment # 60530996					argoe								
			spect		Routine	O Follow-up				O Pr					Cor	nsultation/Other				
Risk	Cat	egon	y		<b>O</b> 1	<b>3</b> 22	03			04				Fo	low-	up Required O Yes 🕱 No	Number of S	eats		
		R	isk F	acto as c	ors are food p ontributing fa	reparation pra	ctices and employee orne illness outbreak	behs s. P	vior	s mo c Hea	et c lith	omn Inte	nonh rven	y repo tions	are	to the Centers for Disease Contro control measures to prevent illnes	i and Prevent s or injury.	tion		
						FOO	DBORNE ILLNESS RI	SK F	ACT	ors	AND	PU	BLIC	HEA	LTH	INTERVENTIONS				
IN	in c	nii) mpii		lgnet		iance NA=not ac			ite m							ach item as applicable. Deduct points for cat pection R=repeat (violation of the s				
_	_	_	_			mpliance Stat	48	Cos	R		Ē		1			Compliance Status			R	WT
-	_	-	NA	NO	Person in charo	Supervisi e present, demon	on strates knowledge, and					IN	ουτ	NA	NO	Cooking and Reheating of Time/Te Control For Safety (TCS) Fo				
	箴 IN	О 00Т	NA	NO	performs duties	Employee H	÷.	0	0	5	16 17	0	8	8		Proper cooking time and temperatures Proper reheating procedures for hot holdin	a	00	8	5
2	X	0				d food employee	awareness; reporting	0		5	Ë	IN	ол		NO	Cooling and Holding, Date Marking,			-	
	実 IN	О 000Т	NA			striction and exclu lood Hygionic F		0	0	-	18	0	0	0	X4	a Public Health Centrel Proper cooling time and temperature		0	0	
4	X	0		0	Proper eating, ta	asting, drinking, or	tobacco use	8	8	5	19		0 0	0		Proper hot holding temperatures		0		
	IN		NA	NO	Preve		ation by Hands					100	lõ		0	Proper cold holding temperatures Proper date marking and disposition		8	ŏ	5
_	皇鼠	0	0			d properly washed ontact with ready-t	to-eat foods or approved	-	0 0	5	22	0	0	×		Time as a public health control: procedures	and records	0	0	
8		0	0	0	alternate proced	dures followed	lied and accessible	0	0	2		IN	OUT	_	NO	Consumer Advisory Consumer advisory provided for raw and u	Indercooked	_	- 1	
	IN	OUT	NA	NO		Approved Se	ource				23	-	O	2	NO	food		0	٥	4
10	õ	ō	0	$\geq$	Food received a	rom approved sou t proper temperat	ure	0			24	IN O	001	NA	NO	Highly Susceptible Pepulati Pasteurized foods used; prohibited foods n		0	0	5
11 12	8 0	0	22			ndition, safe, and s available: shell	unadulterated stock tags, parasite	0	0	5	H	IN	OUT		NO	Chemicals	or othered	-	-	-
	IN	OUT	NA	-	destruction Pret	tection from Co	ntamination				25	0	0	100		Food additives: approved and properly use	d		ा	
13			0		Food separated Food-contact su	and protected rfaces: cleaned a	nd sanitized	8	0	4	26	<u>実</u> IN		NA	NO	Toxic substances properly identified, store Conformance with Approved Pro		0	0	9
	n N	ō	-				returned food not re-	0	0	2	27	-	0	8		Compliance with variance, specialized pro HACCP plan		0	0	5
				Gaa			athe manufactor to co					tion				, chemicals, and physical objects	into foode			
					e recail Plac	ices are preve				ETA			_		yena	, chemicals, and physical objects	into roous.			
				001	not in complianc		COS=com	ected o	n-site	during						R-repeat (violation of the same		006		LACT.
		OUT			Saf	mpliance Statu e Food and Wat			R			0	UT			Compliance Status Utensils and Equipment		COS	~ 1	
20					d eggs used who ice from approv				0		4	5				nfood-contact surfaces cleanable, properly and used	designed,	0	0	1
30	_	0 OUT		nce o		ialized processing Temperature Co		0	0	1	4	6 (	0 V	Narewa	ashin	g facilities, installed, maintained, used, test	strips	0	0	1
31		0	Рторя				ipment for temperature	0	0	2	4	_	_	Vonfoo	d-cor	tact surfaces clean		0	0	1
33		-	Plant		properly cooked	for hot holding		-	0		4	_	UT O∳	lot and	i cold	Physical Facilities water available; adequate pressure		0		2
33	_		<u> </u>		thawing methods eters provided an			0		1		_	_			talled, proper backflow devices waste water properly disposed		0	0	2
		OUT		norme		od identificatio	n	Ľ		_						s: properly constructed, supplied, cleaned			ŏ	1
38	5	0	Food	prop	erly labeled; orig	inal container; req	uired records available	0	0	1	5	2	•	Sarbag	e/refi	use properly disposed; facilities maintained		0	0	1
	_	OUT	Incor			n of Feed Conta	mination				-		_			lities installed, maintained, and clean	4	0	2	1
36	-	-			dents, and anim			0	0	2	F	-	-	vaequa	ne ve	ntilation and lighting; designated areas use	3	0	0	1
37		0			leanliness	uring tood prepar	ation, storage & display	0	0	1	5		ит О (	Sument	Dern	Administrative items nit posted		0	0	
39		Ó	Wipin	ig clo	ths; properly use			0	0	1						inspection posted		0	0	0
40	_	O OUT	Wash	ning fr	ruits and vegetat Prop	vies ver Use of Uten	-	0	0	1	$\vdash$					Compliance Status Non-Smokers Protection Ad		YES	NO	WT
41	1	12			nsils; properly st	bred	ed, dried, handled	8	8			7				with TN Non-Smoker Protection Act ducts offered for sale		8	읭	0
4	3	0	Single	e-use	/single-service a	ens; propeny stor rticles; properly st	tored, used	0	0	1	5	°				oducts offered for sale oducts are sold, NSPA survey completed		ö		Ű
4	_				ed properly	- items within any st	10 days was seen to be seen		0						- to a local sector	Reported adultation of an interview data for the		uler 1		
servi	ce es	tablis	shmen	t perm	sit. Items identified	as constituting im-	minent health hazards shall b	e corre	cted i	mmed	ately	or op	eratio	ns shall	ceas	Repeated violation of an identical risk factor m e. You are required to post the food service est lling a written request with the Commissioner wi	ablishment permit	in a c	onspi	cuous
							. 68-14-711, 68-14-715, 68-14-7				and i	- gard	-90	- repo	/		concern ( rol) calle	an dhi		
<	_			~		_	10/2	21/2	022	2		_	/	<u>_</u>	$\geq$		1	.0/2	1/2	022

Signature of	Person In Charge	
a.g. acara a	e e e e e e e e e e e e e e e e e e e	

	Date	Signature of Envir	onmental Hea	alth Specialist	
					-

Date			
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) RDA 629

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



#### Establishment Information

Establishment Name: Kabob-ster Establishment Number #: 605309964

ISPA Survey – To be completed if #57 is "No"	
ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older.	
ge-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.	
arage type doors in non-enclosed areas are not completely open.	
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	<u> </u>

Warewashing Info			
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)
Triple sink	Lactic acid	1000	
Dish machine	Chlorine	100	

Equipment l'emperature							
Description	Temperature (Fahrenheit)						

Food Temperature Description	State of Food	Temperature ( Fahrenheit	
Raw ground beef	Cold Holding	40	
Sliced tomatoes	Cold Holding	40	
Raw chicken	Cold Holding	40	
Rice	Hot Holding	165	
Hummus	Cold Holding	40	

· · · · · · · · · · · · · · · · · · ·
Observed Violations
Total # 1 Repeated # ()
Repeated # ()
41: In-use utensils stored in standing water at room temperature.

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



#### Establishment Information

Establishment Name: Kabob-ster

Establishment Number : 605309964

#### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.

- 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: Proper handwashing observed.

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: Food obtained from approved source.

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: Proper hot holding temperatures observed.
- 20: Proper cold holding temperatures observed.
- 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: (NA) Establishment does not serve animal food that is raw or undercooked.
- 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: Kabob-ster

Establishment Number: 605309964

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Kabob-ster

Establishment Number # 605309964

Sources				
Source Type:	Water	Source:	Public	
Source Type:	Food	Source:	US Foods	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

### Additional Comments