



TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Establishment Name 423 Taco	Type of Establishment <input type="checkbox"/> Farmer's Market Food Unit <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Address 212 W. 8th St.	Time in 12:30 PM
City Chattanooga	AM / PM
Inspection Date 08/30/2022	Time out 01:00 PM
Purpose of Inspection <input type="radio"/> Routine <input checked="" type="radio"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Preliminary <input type="checkbox"/> Consultation/Other	Establishment # 605309469
Risk Category <input type="radio"/> O1 <input checked="" type="radio"/> O2 <input type="radio"/> O3 <input type="radio"/> O4	Embargoed 0
Follow-up Required <input type="radio"/> Yes <input checked="" type="checkbox"/> No	
Number of Seats 100	

98

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Compliance Status				COS	R	WT
IN	OUT	NA	NO			
Supervision						
1 <input checked="" type="checkbox"/> O Person in charge present, demonstrates knowledge, and performs duties				<input type="radio"/> O		
Employee Health				<input type="radio"/> O		
2 <input checked="" type="checkbox"/> O Management and food employee awareness, reporting				<input type="radio"/> O		
3 <input checked="" type="checkbox"/> O Proper use of restriction and exclusion				<input type="radio"/> O		
Good Hygienic Practices						
4 <input checked="" type="checkbox"/> O Proper eating, tasting, drinking, or tobacco use				<input type="radio"/> O		
5 <input checked="" type="checkbox"/> O No discharge from eyes, nose, and mouth				<input type="radio"/> O		
Preventing Contamination by Hands						
6 <input checked="" type="checkbox"/> O Hands clean and properly washed				<input type="radio"/> O		
7 <input checked="" type="checkbox"/> O O No bare hand contact with ready-to-eat foods or approved alternate procedures followed				<input type="radio"/> O		
8 <input checked="" type="checkbox"/> O Handwashing sinks properly supplied and accessible				<input type="radio"/> O		
Approved Source						
9 <input checked="" type="checkbox"/> O Food obtained from approved source				<input type="radio"/> O		
10 <input type="radio"/> O <input checked="" type="checkbox"/> O Food received at proper temperature				<input type="radio"/> O		
11 <input checked="" type="checkbox"/> O Food in good condition, safe, and unadulterated				<input type="radio"/> O		
12 <input type="radio"/> O <input checked="" type="checkbox"/> O Required records available: shell stock tags, parasite destruction				<input type="radio"/> O		
Protection from Contamination						
13 <input checked="" type="checkbox"/> O Food separated and protected				<input type="radio"/> O		
14 <input checked="" type="checkbox"/> O Food-contact surfaces: cleaned and sanitized				<input type="radio"/> O		
15 <input checked="" type="checkbox"/> O Proper disposition of unsafe food, returned food not re-served				<input type="radio"/> O		
Consumer Advisory						
23 <input checked="" type="checkbox"/> O Consumer advisory provided for raw and undercooked food				<input type="radio"/> O		
Highly Susceptible Populations						
24 <input type="radio"/> O <input checked="" type="checkbox"/> O Pasteurized foods used; prohibited foods not offered				<input type="radio"/> O		
Chemicals						
25 <input type="radio"/> O <input checked="" type="checkbox"/> O Food additives: approved and properly used				<input type="radio"/> O		
26 <input checked="" type="checkbox"/> O Toxic substances properly identified, stored, used				<input type="radio"/> O		
Conformance with Approved Procedures						
27 <input type="radio"/> O <input checked="" type="checkbox"/> O Compliance with variance, specialized process, and HACCP plan				<input type="radio"/> O		

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES				R-repeat (violation of the same code provision)					
Compliance Status				COS	R	WT			
OUT									
Safe Food and Water									
28 <input type="radio"/> O Pasteurized eggs used where required				<input type="radio"/> O					
29 <input type="radio"/> O Water and ice from approved source				<input type="radio"/> O					
30 <input type="radio"/> O Variance obtained for specialized processing methods				<input type="radio"/> O					
Food Temperature Control									
31 <input type="radio"/> O Proper cooling methods used; adequate equipment for temperature control				<input type="radio"/> O					
32 <input type="radio"/> O Plant food properly cooked for hot holding				<input type="radio"/> O					
33 <input type="radio"/> O Approved thawing methods used				<input type="radio"/> O					
34 <input type="radio"/> O Thermometers provided and accurate				<input type="radio"/> O					
Food Identification									
35 <input type="radio"/> O Food properly labeled, original container; required records available				<input type="radio"/> O					
Prevention of Food Contamination									
36 <input type="radio"/> O Insects, rodents, and animals not present				<input type="radio"/> O					
37 <input type="radio"/> O Contamination prevented during food preparation, storage & display				<input type="radio"/> O					
38 <input type="radio"/> O Personal cleanliness				<input type="radio"/> O					
39 <input type="radio"/> O Wiping cloths; properly used and stored				<input type="radio"/> O					
40 <input type="radio"/> O Washing fruits and vegetables				<input type="radio"/> O					
Proper Use of Utensils									
41 <input type="radio"/> O In-use utensils; properly stored				<input type="radio"/> O					
42 <input type="radio"/> O Utensils, equipment and linens; properly stored, dried, handled				<input type="radio"/> O					
43 <input type="radio"/> O Single-use/single-service articles; properly stored, used				<input type="radio"/> O					
44 <input type="radio"/> O Gloves used properly				<input type="radio"/> O					
Utensils and Equipment									
45 <input type="radio"/> O Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				<input type="radio"/> O					
46 <input checked="" type="checkbox"/> O Warewashing facilities, installed, maintained, used, test strips				<input type="radio"/> O					
47 <input type="radio"/> O Nonfood-contact surfaces clean				<input type="radio"/> O					
Physical Facilities									
48 <input type="radio"/> O Hot and cold water available; adequate pressure				<input type="radio"/> O					
49 <input type="radio"/> O Plumbing installed; proper backflow devices				<input type="radio"/> O					
50 <input type="radio"/> O Sewage and waste water properly disposed				<input type="radio"/> O					
51 <input type="radio"/> O Toilet facilities; properly constructed, supplied, cleaned				<input type="radio"/> O					
52 <input type="radio"/> O Garbage/refuse properly disposed; facilities maintained				<input type="radio"/> O					
53 <input checked="" type="checkbox"/> O Physical facilities installed, maintained, and clean				<input type="radio"/> O					
54 <input type="radio"/> O Adequate ventilation and lighting; designated areas used				<input type="radio"/> O					
Administrative Items									
55 <input type="radio"/> O Current permit posted				<input type="radio"/> O					
56 <input type="radio"/> O Most recent inspection posted				<input type="radio"/> O					
Non-Smokers Protection Act									
57 <input type="radio"/> O Compliance with TN Non-Smoker Protection Act				<input checked="" type="checkbox"/> O					
58 <input type="radio"/> O Tobacco products offered for sale				<input type="radio"/> O					
59 <input type="radio"/> O If tobacco products are sold, NSPA survey completed				<input type="radio"/> O					

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 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 report. T.C.A. sections 68-14-703, 68-14-706, 6

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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)

Observed Violations

Total # 2

Repeated # 0

46:

53:

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Comments/Other Observations

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***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.

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

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Comments/Other Observations (cont'd)***Additional Comments (cont'd)***

See last page for additional comments.

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Sources

Source Type: Source:

Additional Comments

Priority items # 8,13,19,21 corrected. See original report dated 8/19/22.

*Extra day to correct priority items allowed due to establishments days/hours of operation.**