

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

**SCORE**

97

Establishment Name	American Wings		Type of Establishment	<input checked="" type="radio"/> Farmer's Market Food Unit
Address	4011 Brainerd Rd, Ste 127			<input checked="" type="radio"/> Permanent <input type="radio"/> Mobile
City	Chattanooga	Time in	11:17:AM	<input type="radio"/> Temporary <input type="radio"/> Seasonal
Inspection Date	04/18/2023	Time out	11:27:AM	
Purpose of Inspection	<input type="radio"/> Routine	Establishment #	605246065	
Risk Category	<input type="radio"/> 1	Embargoed	0	
	<input checked="" type="radio"/> Follow-up			
	<input type="radio"/> Complaint			
	<input type="radio"/> Preliminary			
	<input type="radio"/> Consultation/Other			
	<input type="radio"/> 2			
	<input type="radio"/> 3			
	<input type="radio"/> 4			
	Follow-up Required	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Number of Seats 28

**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.)

IN=in compliance		OUT=not in compliance		NA=not applicable		NO=not observed		COS=corrected on-site during inspection			R=repeat (violation of the same code provision)		
Compliance Status								COS	R	WT			
	IN	OUT	NA	NO	Supervision								
1	<input checked="" type="radio"/>	<input type="radio"/>			Person in charge present, demonstrates knowledge, and performs duties			<input type="radio"/>	<input type="radio"/>	5			
	IN	OUT	NA	NO	Employee Health								
2	<input checked="" type="radio"/>	<input type="radio"/>			Management and food employee awareness, reporting			<input type="radio"/>	<input type="radio"/>				
3	<input checked="" type="radio"/>	<input type="radio"/>			Proper use of restriction and exclusion			<input type="radio"/>	<input type="radio"/>	5			
	IN	OUT	NA	NO	Good Hygienic Practices								
4	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	Proper eating, tasting, drinking, or tobacco use			<input type="radio"/>	<input type="radio"/>				
5	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	No discharge from eyes, nose, and mouth			<input type="radio"/>	<input type="radio"/>	5			
	IN	OUT	NA	NO	Preventing Contamination by Hands								
6	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	Hands clean and properly washed			<input type="radio"/>	<input type="radio"/>				
7	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed			<input type="radio"/>	<input type="radio"/>	5			
8	<input checked="" type="radio"/>	<input type="radio"/>			Handwashing sinks properly supplied and accessible			<input type="radio"/>	<input type="radio"/>	2			
	IN	OUT	NA	NO	Approved Source								
9	<input checked="" type="radio"/>	<input type="radio"/>			Food obtained from approved source			<input type="radio"/>	<input type="radio"/>				
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Food received at proper temperature			<input type="radio"/>	<input type="radio"/>				
11	<input checked="" type="radio"/>	<input type="radio"/>			Food in good condition, safe, and unadulterated			<input type="radio"/>	<input type="radio"/>	5			
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Required records available: shell stock tags, parasite destruction			<input type="radio"/>	<input type="radio"/>				
	IN	OUT	NA	NO	Protection from Contamination								
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Food separated and protected			<input type="radio"/>	<input type="radio"/>	4			
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Food-contact surfaces: cleaned and sanitized			<input type="radio"/>	<input type="radio"/>	5			
15	<input checked="" type="radio"/>	<input type="radio"/>			Proper disposition of unsafe food, returned food not re-served			<input type="radio"/>	<input type="radio"/>	2			

Compliance Status								COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods					
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures			<input type="radio"/>	<input type="radio"/>	
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper reheating procedures for hot holding			<input type="radio"/>	<input type="radio"/>	5
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control					
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper cooling time and temperature			<input type="radio"/>	<input type="radio"/>	
19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures			<input type="radio"/>	<input type="radio"/>	
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Proper cold holding temperatures			<input type="radio"/>	<input type="radio"/>	
21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition			<input type="radio"/>	<input type="radio"/>	5
22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records			<input type="radio"/>	<input type="radio"/>	
	IN	OUT	NA	NO	Consumer Advisory					
23	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Consumer advisory provided for raw and undercooked food			<input type="radio"/>	<input type="radio"/>	4
	IN	OUT	NA	NO	Highly Susceptible Populations					
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Pasteurized foods used; prohibited foods not offered			<input type="radio"/>	<input type="radio"/>	5
	IN	OUT	NA	NO	Chemicals					
25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Food additives: approved and properly used			<input type="radio"/>	<input type="radio"/>	
26	<input checked="" type="radio"/>	<input type="radio"/>			Toxic substances properly identified, stored, used			<input type="radio"/>	<input type="radio"/>	5
	IN	OUT	NA	NO	Conformance with Approved Procedures					
27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Compliance with variance, specialized process, and HACCP plan			<input type="radio"/>	<input type="radio"/>	5

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

## GOOD RETAIL PRACTICES

[illegible]

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, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

	04/18/2023		04/18/2023
Signature of Person In Charge	Date	Signature of Environmental Health Specialist	Date

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

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



**Establishment Information**

Establishment Name: American Wings

Establishment Number #: 605246065

**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 # 3

Repeated # 0

37:

47:

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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Establishment Number : 605246065

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

***See last page for additional comments.***

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**Sources**

Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
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**Additional Comments**