

Establishment Name

Purpose of Inspection

Address

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

O Farmer's Market Food Unit

Type of Establishment

Remanent O Mobile

Chattanooga City

Fazoli's

Routine

Time in 01:35 PM AM / PM Time out 01:50: PM AM / PM

O Temporary O Seasonal

Inspection Date

01/18/2024 Establishment # 605117685

₩ Follow-up

2332 Shallowford Village Dr.

Embargoed 0 O Preliminary

O Consultation/Other

O Yes 疑 No

Number of Seats 112

SCORE

O Complaint Risk Category Follow-up Required

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 12 | <b>e</b> in c | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | ed  |   | 0  |
|----|---------------|-------|------|----|---|-----|---|----|
|    |               |       |      |    | Compliance Status   | COS | R | WT |
|    | IN            | OUT   | NA   | NO | Supervision   |     |   |    |
| 1  | 盔             | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5  |
|    | IN            | OUT   | NA   | NO | Employee Health   |     |   |    |
| 2  | $\exists X$   | 0     |      |    | Management and food employee awareness; reporting   | 0   | 0 |    |
| 3  | ×             | 0     |      |    | Proper use of restriction and exclusion   | 0   | 0 | 5  |
|    | IN            | ОИТ   | NA   | NO | Good Hygienic Practices   |     |   |    |
| 4  | X             | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0   | 0 | 5  |
| 5  | 滋             | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 | 0  |
|    | IN            | OUT   | NA   | NO | Preventing Contamination by Hands   |     |   |    |
| 6  | 100           | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |    |
| 7  | 氮             | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5  |
| 8  | X             | 0     |      |    | Handwashing sinks properly supplied and accessible  | 0   | 0 | 2  |
|    | IN            | OUT   | NA   | NO | Approved Source   |     |   |    |
| 9  | 黨             | 0     |      |    | Food obtained from approved source  | 0   | 0 |    |
| 10 | 0             | 0     | 0    | ×  | Food received at proper temperature   | 0   | 0 |    |
| 11 | X             | 0     |      |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5  |
| 12 | 0             | 0     | Ж    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |    |
|    | IN            | OUT   | NA   | NO | Protection from Contamination   |     |   |    |
| 13 | ×             | 0     | 0    |    | Food separated and protected  | 0   | 0 | 4  |
| 14 | ×             | 0     | 0    |    | Food-contact surfaces: cleaned and sanitized  | 0   | 0 | 5  |
| 15 | ×             | 0     |      |    | Proper disposition of unsafe food, returned food not re-<br>served                        | 0   | 0 | 2  |

| _  |    |     |    |     | Compliance Status   | COS | К | WI |
|----|----|-----|----|-----|---|-----|---|----|
|    | IN | OUT | NA | NO  | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 |    | 0   | 0  | 黨   | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17 | 0  | 0   | 0  | 300 | Proper reheating procedures for hot holding                                 | 0   | 0 | ٠  |
|    | IN | оит | NA | NO  | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | _  | 0   | 0  | ×   | Proper cooling time and temperature   | 0   | 0 |    |
| 19 | -  | 0   | 0  | 0   | Proper hot holding temperatures   | 0   | 0 |    |
| 20 |    | 0   | 0  |     | Proper cold holding temperatures  | 0   | 0 | 5  |
| 21 | *  | 0   | 0  | 0   | Proper date marking and disposition   | 0   | 0 |    |
| 22 | X  | 0   | 0  | 0   | Time as a public health control: procedures and records                     | 0   | 0 |    |
|    | IN | OUT | NA | NO  | Consumer Advisory   |     |   |    |
| 23 |    | 0   | 0  |     | Consumer advisory provided for raw and undercooked<br>food                  | 0   | 0 | 4  |
|    | IN | OUT | NA | NO  | Highly Susceptible Populations  |     |   |    |
| 24 | 0  | 0   | M  |     | Pasteurized foods used; prohibited foods not offered                        | 0   | 0 | 5  |
|    | IN | оит | NA | NO  | Chemicals   |     |   |    |
| 25 |    | 0   | 3% |     | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26 | X  | 0   |    |     | Toxic substances properly identified, stored, used                          | 0   | 0 | 9  |
|    | IN | OUT | NA | NO  | Conformance with Approved Procedures  |     |   |    |
| 27 | 0  | 0   | ×  |     | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

#### Good Retail Practices are preventive me ures to control the introduction of pathog s, chemicals, and physical objects into foods.

IL PRACTICES

|    |     |  | GOO       | D R    | a/.   |
|----|-----|--|-----------|--------|-------|
|    |     | OUT=not in compliance COS=corr   | rected or | 1-site | durin |
|    |     | Compliance Status  | cos       | R      | WT    |
|    | OUT | Safe Food and Water  |           |        |       |
| 28 | 0   | Pasteurized eggs used where required                                       | 0         | 0      | 1     |
| 29 | 0   | Water and ice from approved source   | 0         | 0      | 2     |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0         | 0      | 1     |
|    | OUT | Food Temperature Control   |           |        |       |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0         | 0      | 2     |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0         | 0      | 1     |
| 33 | 0   | Approved thawing methods used  | 0         | 0      | 1     |
| 34 | 0   | Thermometers provided and accurate   | 0         | 0      | 1     |
|    | OUT | Food Identification  |           |        |       |
| 35 | 0   | Food properly labeled; original container; required records available      | 0         | 0      | 1     |
|    | OUT | Prevention of Food Contamination   |           |        |       |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0         | 0      | 2     |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0         | 0      | 1     |
| 38 | 0   | Personal cleanliness   | 0         | 0      | 1     |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0         | 0      | 1     |
| 40 | 0   | Washing fruits and vegetables  | 0         | 0      | 1     |
|    | OUT | Proper Use of Utensils   |           |        |       |
| 41 | 0   | In-use utensils; properly stored   | 0         | 0      | 1     |
| 42 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0         | 0      | 1     |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0         | 0      | 1     |
| 44 | 0   | Gloves used properly   | 0         | 0      | 1     |

| pect | ion | R-repeat (violation of the same code provision   | )    |    |   |
|------|-----|--|------|----|---|
|      |     | Compliance Status  | cos  | R  | W |
|      | OUT | Utensiis and Equipment   |      |    |   |
| 45   | 0   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0    | 0  | 1 |
| 46   | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0    | 0  | 1 |
| 47   | 0   | Nonfood-contact surfaces clean   | 0    | 0  | 1 |
|      | OUT | Physical Facilities  |      |    |   |
| 48   |     | Hot and cold water available; adequate pressure  | 0    | 0  | 2 |
| 49   | 0   | Plumbing installed; proper backflow devices  | 0    | 0  | 2 |
| 50   | 0   | Sewage and waste water properly disposed   | 0    | 0  | 2 |
| 51   | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0    | 0  | 1 |
| 52   |     | Garbage/refuse properly disposed; facilities maintained                                  | 0    | 0  | 1 |
| 53   | 3%  | Physical facilities installed, maintained, and clean                                     | 0    | 0  | 1 |
| 54   | 0   | Adequate ventilation and lighting; designated areas used                                 | 0    | 0  | 1 |
|      | OUT | Administrative Items   | Т    |    |   |
| 55   | 0   | Current permit posted  | 0    | 0  | 0 |
| 56   | 0   | Most recent inspection posted  | 0    | 0  | ۰ |
|      |     | Compliance Status  | YES  | NO | W |
|      |     | Non-Smokers Protection Act   |      |    |   |
| 57   |     | Compliance with TN Non-Smoker Protection Act   | - 3% | 0  |   |
| 58   |     | Tobacco products offered for sale  | 0    | 0  | 0 |
| 59   |     | If tobacco products are sold, NSPA survey completed                                      | 0    | 0  |   |

You have the right to request a h ten (10) days of the date of the 8-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

Signature of Person In Charge

Date Signature of Environmental Health Specialist

Date

01/18/2024

\*\*\*\* 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. ) 4232098110 Please call ( to sign-up for a class.

01/18/2024

RDA 629

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



| Establishment Information  |                              |                               |                        |          |  |  |  |
|--|------------------------------|-------------------------------|------------------------|----------|--|--|--|
| Establishment Name: F&ZOİİ'S   |                              |                               |                        |          |  |  |  |
| Establishment Number #: 605117685  |                              |                               |                        |          |  |  |  |
|  |                              |                               |                        |          |  |  |  |
| NSPA Survey – To be completed if<br>Age-restricted venue does not affirmatively rest                         |                              | or facilities at all times to | persons who are        |          |  |  |  |
| twenty-one (21) years of age or older.   |                              |                               |                        |          |  |  |  |
| Age-restricted venue does not require each per   | rson attempting to gain entr | y to submit acceptable f      | orm 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   | s in non-enclosed areas are  | not completely remove         | d or open.             |          |  |  |  |
| Smoke from non-enclosed areas is infiltrating in   | nto areas where smoking is   | prohibited.                   |                        |          |  |  |  |
| Smoking observed where smoking is prohibited   | i by the Act.                |                               |                        |          |  |  |  |
|  |                              |                               |                        |          |  |  |  |
| Warewashing Info   |                              |                               |                        |          |  |  |  |
| Machine Name   | Sanitizer Type               | PPM                           | Temperature ( Fai      | renhelt) |  |  |  |
|  |                              |                               |                        |          |  |  |  |
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|  |                              |                               |                        |          |  |  |  |
|  |                              |                               |                        |          |  |  |  |
| Equipment Temperature  |                              |                               |                        |          |  |  |  |
| Description  |                              |                               | Temperature ( Fah      | renhelt) |  |  |  |
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| Food Temperature   |                              |                               |                        |          |  |  |  |
| Description  |                              | State of Food                 | Temperature (Fah       | renheit) |  |  |  |
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| Observed \    | Violations   |
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## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information       |  |
|---------------------------------|--|
| Establishment Name: Fazoli's    |  |
| Establishment Number: 605117685 |  |

| Comments/Other Observations  |  |
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# Additional Comments

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| Establishment Name: Fazoli's           |  |  |
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| Establishment Number: 605117685        |  |  |
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| Comments/Other Observations (cont'd)   |  |  |
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Establishment Information

| Establishment Information         |         |  |  |  |  |  |  |
|-----------------------------------|---------|--|--|--|--|--|--|
| Establishment Name: Fazoli'S      |         |  |  |  |  |  |  |
| Establishment Number #: 605117685 |         |  |  |  |  |  |  |
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| Sources                           |         |  |  |  |  |  |  |
| Source Type:                      | Source: |  |  |  |  |  |  |
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| Additional Comments               |         |  |  |  |  |  |  |
| #22 and #26 corrected.            |         |  |  |  |  |  |  |
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