TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| | | | | | | | FOOD | SERV | ICE ESTA | BL | ISH | M | ENI | r II | ISF | PEC | TIC | ON REPORT | SCO | RE | | |
|---------------|---------|--------------|--------------|--------|---|-----------------------|-----------------------------|--------------------------------|---|---------|--------|---------|---------|------------|--------------|----------|--------|---|---------------------|--------|-------|---------|
| ß | | 14 | T. C. | | | | | | | | | | | | | | | | | | | |
| Esta | hīst | hmen | t Nar | - | University Pizza & Deli Type of Establishment O Mobile | | | | | | | | | | | | | | | | | |
| Addr | | | | | 430 Vine St. Suite-A Type of Establishment O Temporary O Seasonal | | | | | | | | | | | | | | | | | |
| City | | | | | Chatta | anooga | a | | Time ir | 01 | L:2 | 0 F | PM | AJ | M/PI | M Tir | ne ou | ut 02:10:PM AM/PM | | | | |
| Insp | ectio | on Da | nte | | 06/0 | 7/202 | 21 Esta | blishment # | 60524951 | _ | | | Emba | _ | | | | | | | | |
| Purp | | | | | Routin | | O Follow | | O Complaint | | | _ | elimin | | - | | Cor | nsuitation/Other | | | | |
| Risk | Cat | egor | y | | 01 | | 3 22 | | 03 | | | 04 | | | | Fo | ilow- | up Required 邕 Yes O No | Number of Se | eats | 50 | |
| | | R | isk | | | | | | | | | | | | | | | to the Centers for Disease Contr control measures to prevent illne | ol and Prevent | ion | | |
| | | | | | | | | OODBOR | NE ILLNESS RI | SK F | ACT | ors | AND | PU | BLIC | HEA | LTH | INTERVENTIONS | | | | |
| | in c | (Ch ompli | | algaa | | | | HA, HO) for e | NO=not observ | | item | | | | | | | ach item as applicable. Deduct points for o spection R=repeat (violation of the | | | | |
| | an ci | unpa | ance | | 001-60 | | pliance S | | NO-HOL COSETY | cos | R | | Ĩ | 100.00 | u on-s | ne dun | ng ins | Compliance Status | | | R | WT |
| \vdash | _ | OUT | NA | NO | | a chasao n | Super | | nowledge, and | | | | | IN | ουτ | NA | NO | Cooking and Reheating of Time/ Control For Safety (TCS) I | | | | |
| \square | 邕 | 0 | NA | NO | performs | | | e Health | nomeuge, and | 0 | 0 | 5 | | 凉 0 | 00 | 0 | | Proper cooking time and temperatures Proper reheating procedures for hot hold | 0.0 | 8 | 읭 | 5 |
| 2 | X | 0 | - | no | Manager | | ood employ | vee awarene | ss; reporting | _ | 0 | 5 | H" | IN | олт | | | Cooling and Holding, Date Marking | | | - | |
| \rightarrow | 実 IN | 0 | NA | NO | | | iction and e | xclusion Ic Practice | | 0 | 0 | Ŷ | 18 | 0 | 0 | 0 | | a Public Health Centre Proper cooling time and temperature | 4 | 0 | | |
| 4 | X | 0 | 101 | 0 | Proper e | ating, tasti | ng, drinking | a or tobacco | use | 0 | 0 | 5 | 19 | 0 | 0 | 0 | X | Proper hot holding temperatures | | 0 | 0 | |
| | IN | OUT | NA | NO | | Preventi | ng Contar | , and mouth mination by | | 0 | | | | 100 | 00 | 8 | | Proper cold holding temperatures Proper date marking and disposition | | 8 | 8 | 5 |
| _ | 嵐 | 0 | 0 | 0 | | | roperly was act with rea | | ods or approved | 0 | 0 0 | 5 | 22 | 0 | 0 | × | | Time as a public health control: procedur | es and records | 0 | 0 | |
| 8 | | | 0 | 0 | alternate | procedure | s followed | | | | 0 | 2 | | IN | OUT | NA | NO | Consumer Advisory Consumer advisory provided for raw and | undercooked | _ | _ | |
| | IN 家 | OUT | NA | NO | | | Approved approved | d Source | | | 0 | _ | 23 | O IN | O OUT | X8 NA | NO | food Highly Susceptible Popula | | 0 | 0 | 4 |
| 10 | 0 | 0 | 0 | 2 | Food rec | eived at p | roper temp | erature | | 0 | 0 | | 24 | _ | 0 | 20 | no | Pasteurized foods used: prohibited foods | | 0 | 0 | 5 |
| 11 12 | 0 | 0 | × | 0 | Required | records a | | and unadulte hell stock tag | | 0 | 0 | 5 | - | IN | OUT | _ | NO | Chemicals | | - | - | - |
| H | IN | OUT | NA | NO | destructi | | tion from | Contamin | ation | - | | | 25 | 0 | 0 | 26 | | Food additives: approved and properly u | sed | 0 | | |
| 13 14 | | | 0 | | | | d protecteo ces: cleane | d and saniti | zed | 8 | 0 | 4 | 26 | <u>≋</u> ≥ | O OUT | NA | NO | Toxic substances properly identified, sto Conformance with Approved P | | 0 | 0 | Ű |
| 15 | _ | 0 | - | 1 | | | | | d food not re- | 0 | 0 | 2 | 27 | _ | 0 | × | | Compliance with variance, specialized pr HACCP plan | | 0 | 0 | 5 |
| | | | | - | | | | | | | | | _ | | - | | | | | | _ | |
| | | | | God | od Retai | Practic | es are pr | eventive | neasures to c | | | | | | | | gens | s, chemicals, and physical objects | into foods. | | | |
| | | | | 00 | JT≈not in α | | | | COS=com | ected o | n-site | during | inspe | | IUR | 5 | | R-repeat (violation of the sam | | | _ | |
| | | OUT | | | | | liance St Food and | | | COS | R | WT | | 0 | UT | | | Compliance Status Utensils and Equipment | | COS | R | WT |
| 21 | | | | | | sed where approved | | | | 8 | 8 | 1 | 4 | 5 (| | | | infood-contact surfaces cleanable, proper and used | y designed, | 0 | 0 | 1 |
| 30 |) | | Varia | | obtained f | or specializ | | sing method | 5 | ŏ | ŏ | î | 4 | 6 (| | | | g facilities, installed, maintained, used, te | st strips | 0 | 0 | 1 |
| 31 | | 0 | Prop | | | | | | or temperature | 0 | 0 | 2 | 4 | _ | | lonfoo | d-cor | ntact surfaces clean | | 0 | 0 | 1 |
| 33 | | - | cont Plan | | d properly | cooked for | r hot holding | a | | | 0 | | 4 | | UT D ⊢ | lot and | l cold | Physical Facilities water available; adequate pressure | | 0 | 0 | 2 |
| 33 | 3 | 0 | Appr | oved | thawing r | nethods us | sed | 2 | | 0 | 0 | 1 | 4 | 9 (| O P | Numbir | ng ins | stalled; proper backflow devices | | Ō | Ō | 2 |
| 34 | _ | OUT | | mom | eters prov | ided and a Food | Identifica | ation | | 0 | 0 | 1 | 5 | _ | | | | I waste water properly disposed es: properly constructed, supplied, cleane | 1 | | 0 | 2 |
| 35 | 5 | 0 | Food | i prop | perly label | ed; original | l container; | required rec | ords available | 0 | 0 | 1 | 5 | 2 | o 0 | Sarbag | e/refi | use properly disposed; facilities maintaine | d | 0 | 0 | 1 |
| | _ | OUT | | | | | | maminatio | ×n | | | | 5 | | _ | | | lities installed, maintained, and clean | | | 0 | 1 |
| 30 | - | 0 | - | | | | not presen | | | 0 | 0 | 2 | 5 | + | - | vaequa | de ve | intilation and lighting; designated areas us | bs | 0 | 0 | 1 |
| 37 | _ | | | | | | ng food pre | paration, sto | vrage & display | 0 | 0 | 1 | | | UT | | | Administrative Items | | - | | |
| 38 | | | | | cleanlines oths; prop | | and stored | | | | 0 | 1 | 5 | | | | | nit posted inspection posted | | 0 | 0 | 0 |
| 40 | | 0 OUT | | hing | fruits and | vegetables Proper | Use of U | tensils | | 0 | 0 | 1 | | | | | | Compliance Status Non-Smokers Protection | | YES | NO | WT |
| 4 | | 0 | In-us | | | perly store | d | | hand a t | | 0 | | 5 | | | | | with TN Non-Smoker Protection Act | | X | 읽 | |
| 42 | 3 | 0 | Sing | le-us | e/single-se | ervice artic | | stored, dried ly stored, us | | | 0 | | 5 | 9 | | | | ducts offered for sale roducts are sold, NSPA survey completed | | 0 | | 0 |
| 44 | | | | | sed proper | 4 | | | | | 0 | | | | | | | | | | | |
| servi | ce es | stablis | shme | st per | mit. Items i | dentified as | constituting | imminent he | alth hazards shall b | e corre | cted i | mmed | iately | or ope | mation | ns shall | ceas | Repeated violation of an identical risk factor e. You are required to post the food service e files a written comment with the Commissioner | stablishment permit | in a c | onspi | icuous |
| | | | | | | 14-70 | | | wr. You have the n 1, 68-14-715, 68-14-7 | | | c a fié | aning r | egard | ing th | is repo | 7 oy 1 | filing a written request with the Commissioner | manin ain (10) days | OF THE | Gate | or thes |
| (| Þ | / | / | / | 5 | 06/07/2021 06/07/2021 | | | | | | | | | | \angle | 4 | | 6/0 | 7/2 | 021 | |

Signature of Person In Charge

Date Signature of Environmental Health Specialist

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

| PH-2267 (Rev. 6-15) | Free food safety training cla | RDA 629 | | |
|---------------------|-------------------------------|--------------|-------------------------|-------|
| 1172201 (1001:0-10) | Please call (|) 4232098110 | to sign-up for a class. | 10102 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: University Pizza & Deli Establishment Number #: 605249510

| Warewashing Info | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | |
| Dishwasher | Chlorine | 50 | | | | | | | |

| quipment l'emperature | | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | | | |
| | | | | | | | | |
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| Food Temperature | | |
|------------------|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| Chicken | Cooking | 169 |
| Cut lettuce | Cold Holding | 41 |
| Cut tomatoes | Cold Holding | 40 |
| Tabouli | Cold Holding | 40 |
| Raw chicken | Cold Holding | 39 |
| Raw steak | Cold Holding | 40 |
| Ground beef | Cold Holding | 40 |
| Hummus | Cold Holding | 41 |
| | | |
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| | | |

Observed Violations

Total # 4

Repeated # 0

14: Dishwasher testing 10 ppm Chlorine— must be 50-100 ppm Chlorine.

39: Dirty wiping cloth on cutting board.

47: Several non food contact surfaces dirty.

53: Floor and wall in poor repair.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: University Pizza & Deli

Establishment Number : 605249510

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: (IN): An employee health policy is available.
- 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: Good hand washing observed of staff.

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: Atlantic Distributers, Costco
- 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.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (IN) All raw animal foods cooked to proper temperatures.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See temperatures.
- 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: (NÁ) 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: University Pizza & Deli Establishment Number : 605249510

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: University Pizza & Deli

Establishment Number # 605249510

| Sources | | | | |
|--------------|-------|---------|--------------------|--|
| Source Type: | Water | Source: | Tennessee American | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| | | | | |

Additional Comments