

Risk Category

01

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Yes 🕱 No

R=repeat (violation of the same code provision)

SCORE

Stablishment Name	Belli-ful Bistro (Mobile)	Type of Establishment	O Farmer's Market Food Unit ☐ Permanent O Mobile	1()()
ddress	1705 Verona Dr	Type of Establishment	O Temporary O Seasonal	
City	Chattanooga Time in (	04:00 PM AM / PM Time out	04:30:PM AM/PM	
nspection Date	12/02/2022 Establishment # 605257192	Embargoed 0		
Purpose of Inspection	麗Routine O Follow-up O Complaint	O Preliminary O Consul	Itation/Other	

or Disease Control and Prevention s to prevent illness or injury. ly reported to the Centers for Dis

Follow-up Required

04

**O**3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS atus (IK, OUT, HA, NO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or su

IN-in compliance OUT-not in compliance NA-not applicable NO-not observed								0
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	Ħ	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	300	0			Management and food employee awareness; reporting	0	0	
3	×	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	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	េ	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	嵩	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	0	0	窳		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re-	0	0	2

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	寒	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 a Public Health Control			
18	0	0	0	×	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	245	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	•
22	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 food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	333		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	巡		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used		0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	X		Compliance with variance, specialized process, and HACCP plan	0	0	5

#### s to control the introduction of pathogens, chemicals, and physical objects into foods.

		OUT=not in compliance COS=con				inspect	on	
		Compliance Status	cos	R	WT			
	OUT	Safe Food and Water					OUT	
28	0	Pasteurized eggs used where required	0	0	1	45	0	Fo
29		Water and ice from approved source	0	0		40		co
30	_	Variance obtained for specialized processing methods	0	0	1	46	0	w
	OUT	Food Temperature Control				40		ļ'''
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	47	0	No
31	١٠	control	"	٧.	<b>*</b>		OUT	г
32	0	Plant food properly cooked for hot holding	0	0	1	48	0	Ho
33	ō	Approved thawing methods used	Ō	Ō	1	49	ō	Pk
34	0	Thermometers provided and accurate	0	0	1	50	0	Se
	OUT	Food Identification	1	_		51	ŏ	To
35	0	Food properly labeled; original container; required records available	0	0	1	52	0	Ga
	OUT	Prevention of Food Contamination				53	0	Ph
36	0	Insects, rodents, and animals not present	0	0	2	54	0	Ad
37	0	Contamination prevented during food preparation, storage & display	0	o	1		OUT	Г
38	0	Personal cleanliness	0	0	1	55	0	O.
39	0	Wiping cloths; properly used and stored	0	0	1	56	0	Mo
40	0	Washing fruits and vegetables	0	0	1	$\Box$		
	OUT	Proper Use of Utensils						г
41	0	In-use utensils; properly stored	0	0	1	57		Co
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58	1	To
43		Single-use/single-service articles; properly stored, used	0	0	1	59	1	If t
44	0	Gloves used properly	0	0	1			

pecti		R-repeat (violation of the same code provision Compliance Status	COS	R	W
	OUT	Utensils and Equipment	1		
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	Nonfood-contact surfaces clean	0	0	-
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	- 7
50	0	Sewage and waste water properly disposed	0	0	- 2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	_
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	٠
53	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	٧
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 100	0	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

rect any violations of risk factor items within ten (10) days may result in suspension of your foo ishment permit. Items identified as constituting imminent health hazards shall be corrected imm nd post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by C.A. sections 68-14-703, 68-14-706, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. filing a written request with the Commissioner within ten (10) days of the date of thi

12/02/2022

12/02/2022

Signature of Person In Charge

 $\sum_{i}$ 

Signature of Environmental Health Specialist

Date

Date

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



-	_			_	
	-stal	hills	hment	mt	omation

Establishment Name: Belli-ful Bistro (Mobile)
Establishment Number #: |605257192

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 ( Fahrenhelt)					
3 sink	QA	200						

Equipment Temperature							
Description	Ten	nperature ( Fahrenheit)					
Low boy	38						

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Sliced tomatoes (low boy)	Cold Holding	38
Pulled pork	Hot Holding	149
Pulled chicken	Hot Holding	144

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



### Establishment Information

Establishment Name: Belli-ful Bistro (Mobile)

Establishment Number: 605257192

## 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 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 from approved sources.
- 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: No raw animal products present at facility during time of inspection.
- 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: See temperatures.
- 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: (NO) Time as a public health control is not being used during the inspection.
- 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:

# Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

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

omments/Other Observations (con	t'd)		
dditional Comments (cont'd)			
ee last page for additional	comment	S.	

Establishment Information

Establishment Inform	nation			
Establishment Name: Be	elli-ful Bistro (Mobile)			
Establishment Number #:	605257192			n i
Sources				
Source Type:	Food	Source:	Grocery store	
Source Type:	Water	Source:	Public	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Comme	nts			