TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

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Establishment Name Address				Southern Squeeze									O Fermer's Market Food Unit		/					
				1301 Dorchester Road, Suite 101 O Temporary O Seasonal																
City				Chattanooga Time in 01:30 PM AM / PM Time out 01:55 PM AM / PM																
,				10/05/2	L0/05/2022 Establishment # 605252397 Embargoed 0															
			spect		ORoutine		low-up	O Complaint			- O Pr			-		Cor	nsultation/Other			
Risk	Cat	egon	,		01	\$102		03			04				Fo	ilow-i	up Required O Yes 🕄 No Number of S	Seats	14	
			isk I														to the Centers for Disease Control and Preven		_	
	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																			
				elgnet			T, NA, NO) for e	each numbered item					ed OUT, mark COS or R for each Hem as applicable. Deduct points for category or subcategory.)							
IN	•in c	ompli	ance		OUT=not in comp	pliance NA		NO=not observe	d COS	R		\$=00	recte	d on-si	ite duri	ng ins	spection R=repeat (violation of the same code provisi Compliance Status		R	WT
	IN	ουτ	NA	NO			ervision			_			IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
1	鬣	٥			Person in charg performs duties			mowledge, and	0	0	5		0	0		×	Proper cooking time and temperatures	0	8	5
2	IN XX		NA	NO	Management a		yee Health loyee awarene	ass; reporting	0	0	_	17		0	0		Proper reheating procedures for hot holding Ceeling and Helding, Date Marking, and Time as	0	<u> </u>	•
	黨	0			Proper use of n	estriction and	d exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Control			
4	_	OUT O	NA		Proper eating, t		ing, or tobacco		0	0			区区	0	0	-	Proper cooling time and temperature Proper hot holding temperatures	0	0	
5	22	0	NA	0	No discharge fr	rom eyes, no		1	ŏ	ŏ	5	20	100	0	8		Proper cold holding temperatures Proper date marking and disposition		0	5
6	×	0	104		Hands clean an	nd properly w	vashed		0	0		22		0	×		Time as a public health control: procedures and records	0	6	
7	鬣	0	0	0	alternate proce	dures followe	ed	ods or approved	0	0	\$		IN	OUT		-	Consumer Advisory	-	-	
		OUT	NA	NO	Handwashing s		y supplied and red Source	accessible	0	0	2	23	X	0	0		Consumer advisory provided for raw and undercooked food	0	0	4
	8		0	~	Food obtained Food received				00	00		E	IN	OUT		NO	Highly Susceptible Populations			
11	×	0		~	Food in good of Required record	ondition, safe	e, and unadulte		0	0	5	24	0	0	×	_	Pasteurized foods used; prohibited foods not offered	0	0	5
12	0	0	×	O NO	destruction				0	0			IN	OUT			Chemicals	~		
13	2	0	0	NO	Food separated		em Contamin ted	ation		0		29	0 ()	0	X		Food additives: approved and properly used Toxic substances properly identified, stored, used	0	0	5
	_	0	0		Food-contact si Proper disposit				0		_		IN	OUT	_	NO	Conformance with Approved Procedures Compliance with variance, specialized process, and			
15	2	0			served				0	0	2	27	0	0	黨		HACCP plan	0	0	5
				Goo	d Retail Prac	tices are	preventive r	measures to co	ntro	the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects into foods.			
									G00					ICE	3					
				00		mpliance		COS=corre	COS			Inspe	ction				R-repeat (violation of the same code provision) Compliance Status	COS	R	WT
2	_	OUT O	Past	eurize	Sat d eggs used wh	fe Feed and here required			0	0	1		_	UT F	ood ar	nd no	Utensils and Equipment mfood-contact surfaces cleanable, properly designed,	-		
2	_	0	Wate	r and	lice from approvious to the special sp	ved source		ts.	0	0	2	4	+	× 0	onstru	cted,	and used	0	0	1
	-	OUT			Food	Temperatu	re Control				<u> </u>	4	-	_			g facilities, installed, maintained, used, test strips	0	0	1
3	1	0	Prop		oling methods us	sed; adequat	e equipment fo	or temperature	0	0	2	4	_	O N UT	ontoo	d-con	ntact surfaces clean Physical Facilities	0	0	1
3	_				properly cooked thawing method		ing		8	8	1	4	_				I water available; adequate pressure stalled; proper backflow devices	8	8	2
3	4	0	Ther		eters provided a	nd accurate			ŏ	ŏ	1	5	0 (o s	iewage	and	waste water properly disposed	0	0	2
3	_				erly labeled; orig	ood identifi		oorte available	0	0	1	5	_	_			es: properly constructed, supplied, cleaned use properly disposed; facilities maintained	0	0	1
-		OUT	1000	piop		-	Contaminatio		Ŭ	-	-	5			-		lities installed, maintained, and clean		6	1
3	6	0	Insec	ts, ro	dents, and anim	hals not prese	ent		0	0	2	5	_	-			entilation and lighting; designated areas used	0	0	1
3	7	0	Cont	amina	ation prevented	during food p	preparation, str	orage & display	0	0	1		0	UΤ			Administrative Items			
3	_				leanliness				0	0	1	5	_				nit posted	0		0
3	_		_	_	ths; properly us ruits and vegeta		d			8	1	5	6 (o IN	lost re	centi	Compliance Status	O YES	0 NO	WT
4	_	OUT	ln-us	o i do	Pro nsils; properly st	per Use of	Utensils			0		5	,	-	omoli	1000	Non-Smokers Protection Act with TN Non-Smoker Protection Act	x		
- 4	2	0	Uten	sils, e	quipment and lin	nens; proper	ly stored, dried	d, handled	0	0	1	5	8	T	obacc	o pro	ducts offered for sale	0	0	0
4	3 4				single-service ed properly	articles; prop	eny stored, us	ed		8		5	9	17	tobac	co pri	oducts are sold, NSPA survey completed	0	0	
																	Repeated violation of an identical risk factor may result in revor			
man	ner a	nd po	st the	most	recent inspection	report in a cor	nspicuous mann		ht to n	eques							e. You are required to post the food service establishment permi filing a written request with the Commissioner within ten (10) days			
/		Z	-	D		/		10/0	-)	`	<u> </u>	1	\sum	Ŧ	0			2022
Sin	hatur	e of	Pere	on In	Charge	-		10/0	5512		Date	Si	inah	re of	Envir	onme	ental Health Specialist		JIZ	Date
W		- 11			(free	Additio	nal food safet	ty information can	be fo								ealth/article/eh-foodservice ****			2-202
								r									unty health department.			

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 60		
(19220) (109. 0-10)	Please call () 4232098110	to sign-up for a class.	n De ca

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Southern Squeeze Establishment Number #: [605252397

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 wenty-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.	
Sarage 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)						
Dishmachine Three comp sink	Chlorine QA	100	200						

Equipment l'emperature								
Description	Temperature (Fahrenheit)							
	· · · · · · · · · · · · · · · · · · ·							

Food Temperature	State of Food	Temperature (Fahrenheit

Observed Violations	
Total # 2	
Repeated # 0	
45:	
49:	

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Southern Squeeze Establishment Number : 605252397

Comments/Other Observations	
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2:	
1:	
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2:	
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1:	
2:	
0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 5: 6: 7: 8: 9: 7: 8: 9: 5: 6: 7: 8: 9: 5: 6: 7: 8: 9: 5: 6: 7: 8: 9: 5: 6: 7: 8: 9: 5: 6: 7: 8: 5: 6: 7: 8: 5: 6: 7: 8: 5: 6: 7: 8: 5: 6: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 7: 7: 8: 8: 7: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 7: 8: 8: 7: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 7: 8: 8: 7: 7: 7: 8: 7: 7: 7: 7: 8: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7	
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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.

Establishment Information

Establishment Name: Southern Squeeze Establishment Number: 605252397

Comments/Other Observations (cont'd)

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

Establishment Information

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Sources		
Source Type:	Source:	

Additional Comments

Sanitizer is dispensing properly and handwash stations are stocked.