TENNESSEE DEPARTMENT OF HEALTH N REPORT ----..... _ _ _ _ _

18/200

| | | | FOOD SERVICE ESTABLISHMENT INSPECTION REPORT | | | | | | | | | | | ON REPORT | SCORE | | | | | | | |
|---------------------------|-------|----------|----------------------------------------------|--------|-------------------------------------------------------|-----------------------|------------------------------------|-------------------|--------------------|-----------|------------------------|------------------------------------------------------------------|----------|-----------|-----------|----------|---------|--------------------------------------------------------------------------------------------------|------------------------|--------|----------|--------|
| 8 | | | and the second second | | | nd Lo | in | | | | | | | | | | | O Farmer's Market Food Unit | \mathbf{O}^{\prime} | | | |
| Esta | blisł | nem | t Nar | me | | | | | | | | | | Typ | xe of E | Establi | shme | ent Permanent O Mobile | 9 | | | |
| Address 5946 Brainerd Rd. | | | | | | | | | | | O Temporary O Seasonal | | | | | | | | | | | |
| City Chattanooga Time in | | | | 01 | L:5 | 6 F | PM | A | M/P | M Tir | ne o | иt 02:57: PM АМ/РМ | | | | | | | | | | |
| Insp | ectic | n Da | rte | | 03/3 | 0/20 | 22 Establ | lishment # | 60506856 | 51 | | | Emba | irgoe | d 1 | .0 | | | | | | |
| Purp | ose | of In | spec | tion | Routi | | O Follow- | | O Complaint | | | | elimin | | | | Cor | nsultation/Other | | | | |
| Risk | Cat | egon | , | | O 1 | | \$222 | | O 3 | | | O 4 | | | | Fo | ilow- | up Required 🕱 Yes O No | Number of Se | ats | 12 | 5 |
| | | R | isk I | | | | | | | | | | | | | | | to the Centers for Disease Contr control measures to prevent illne | ol and Prevent | | | |
| | | | | | contraint | ing neo | | | | | | _ | _ | | | _ | | INTERVENTIONS | as or injury. | | | |
| | _ | <u> </u> | | alga | | | | | | | ltem | | | | | | | ach Item as applicable. Deduct points for c | | | | |
| IN | •in c | ompli | ance | | OUT=no | t in complia Com | nce NA=not Ipliance Sta | applicable tus | NO=not observ | ed COS | R | | »s=co | recte | d on-s | ite duri | ng ins | Pection Rerepeat (violation of the Compliance Status | | | R | WT |
| | IN | ουτ | NA | NO | | | Supervi | | | | _ | | | IN | оυт | NA | NO | Cooking and Reheating of Time/T Control For Safety (TCS) F | | | | |
| 1 | 黨 | 0 | | | perform | in charge s duties | present, demo | | wiedge, and | 0 | 0 | 5 | | 0 | 0 | | | Proper cooking time and temperatures | | 8 | 0 | 5 |
| 2 | 100 | OUT | NA | NO | | ment and | Employee food employe | | reporting | 0 | 0 | | 17 | 0 | 0 | | | Proper reheating procedures for hot hold Cooling and Holding, Date Marking | | 0 | 0 | |
| 3 | 黨 | 0 | | | | use of rest | viction and exc | clusion | | 0 | 0 | 5 | | IN | OUT | | NO | a Public Health Contro | k | | | |
| _ | | OUT | NA | | | | od Hygionic ting, drinking, | | 50 | 0 | 0 | | | 0 | 8 | | | Proper cooling time and temperature Proper hot holding temperatures | | 8 | | |
| 5 | 1 | 0 | NA | 0 | No disc | harge from | n eyes, nose, a | and mouth | | Ō | 0 | 8 | | 10 | 0 | 8 | | Proper cold holding temperatures Proper date marking and disposition | | | 0 | 5 |
| 6 | × | | 104 | | Hands | lean and | properly wash | ed | | 0 | 0 | | 22 | | ŏ | × | | Time as a public health control: procedure | | _ | ŏ | |
| _ | 邕 | 0 | 0 | 0 | alternat | e procedu | res followed | | s or approved | 0 | 0 | 5 | | IN | OUT | | | Consumer Advisory | | - 1 | - | |
| | | 애 | NA | NO | | | Approved | Source | cessible | | 0 | 2 | 23 | 0 | 0 | 黛 | | Consumer advisory provided for raw and food | undercooked | 0 | 0 | 4 |
| | 高 | | 0 | 152 | | | m approved so proper temper | | | 0 | 0 | | | IN | OUT | _ | NO | Highly Susceptible Popula | | - | | |
| 11 | × | 0 | | _ | Food in | good con | dition, safe, an available: she | id unadultera | | 0 | 0 | 5 | 24 | | 0 | × | | Pasteurized foods used; prohibited foods | not offered | 0 | 이 | 5 |
| | 0 | 0 | X | 0 | destruct | tion | ction from C | | | 0 | 0 | | 25 | IN O | OUT | NA | NO | Chemicals Food additives: approved and properly us | ha | তা | <u>त</u> | |
| 13 | × | 0 | 0 | | Food se | parated a | nd protected | | | - | 0 | | 26 | 黛 | 0 | | | Toxic substances properly identified, stor | ed, used | ŏ | ŏ | 5 |
| 14 15 | 風覚 | 0 | 0 | J | Proper | | aces: cleaned of unsafe foo | | | 0 | 0 | 5 | 27 | IN O | OUT | NA | NO | Conformance with Approved Pr Compliance with variance, specialized pr | needs and | 0 | 0 | 5 |
| | ~ | • | | | served | | | | | - | | - | <u> </u> | - | - | ~ | | HACCP plan | | - | - | - |
| | | | | Go | od Reta | il Practi | ces are pre | ventive me | nasures to c | ontro | l the | intr | oduc | tion | of p | atho | gens | , chemicals, and physical objects | into foods. | | | |
| | | | | 0 | JT=not in a | ompliance | | | COS=com | | | | | | | 3 | | R-repeat (violation of the sam | e code provision) | | | |
| _ | | OUT | | | | Com | pliance Sta Food and W | | | | | WT | É | | UT | | _ | Compliance Status Utensils and Equipment | | cos | R | WT |
| 2 | 8 | 0 | | | | | e required | | | 0 | 0 | 1 | 4 | _ | o F | | | nfood-contact surfaces cleanable, propert | y designed, | 0 | 0 | 1 |
| 3 | 0 | Õ | | | | for specia | lized processin | | | ŏ | 00 | 2 | 4 | 6 0 | | | | and used g facilities, installed, maintained, used, ter | at strips | 0 | 0 | 1 |
| 3 | | OUT K | Prop | xer co | oling me | | i; adequate ec | | temperature | 0 | 0 | 2 | 4 | | - | | | itact surfaces clean | | - | 0 | 1 |
| 3 | | | contr | | d properly | cooked fr | or hot holding | | - | | 0 | | 4 | _ | UT O⊦ | iot and | l cold | Physical Facilities water available; adequate pressure | | 0 | 0 | 2 |
| 3 | 3 | 0 | Appr | ovec | d thawing | methods u | ised | | | 0 | 0 | 1 | 4 | 9 (| ΟP | Numbir | ng ins | stalled; proper backflow devices | | 0 | 0 | 2 |
| 3 | - | OUT | Ther | morr | neters pro | vided and Fee | accurate d identificat | lon | | 0 | 0 | 1 | 5 | _ | - | | | waste water properly disposed is: properly constructed, supplied, cleaned | | | 0 | 2 |
| 3 | 5 | 0 | Food | d pro | perly labe | led; origin | al container; n | equired recor | ds available | 0 | 0 | 1 | 5 | 2 | 0 | Sarbag | e/refi | use properly disposed; facilities maintained | d | 0 | 0 | 1 |
| | _ | OUT | | | | | of Food Com | tamination | | | | | 5 | _ | - | | | lities installed, maintained, and clean | | _ | 0 | 1 |
| 3 | - | - | | | | | s not present | | | 0 | 0 | 2 | 5 | + | - | vaequa | ne ve | ntilation and lighting; designated areas us | Ds | 0 | 이 | 1 |
| 3 | | 0 | | | | | ring food prepa | aration, stora | ge & display | 0 | 0 | 1 | | - | UT | | | Administrative items | | | | |
| 3 | _ | Ó | Wipi | ng ci | nal cleanliness g cloths; properly used and stored | | | 0 | | 1 | | 55 O Current permit posted 56 O Most recent inspection posted | | | | | 0 | 0 | 0 | | | |
| 4 | - | 0 | Was | hing | fruits and | vegetable Prope | s r Use of Ute | naila | | 0 | 0 | 1 | | | | | | Compliance Status Non-Smokers Protection A | | YES | NO | WT |
| 4 | 1 | 2 | | _ | | perly stor | | | andled | 8 | - | 1 | 5 | | | | | with TN Non-Smoker Protection Act ducts offered for sale | | 췽 | 읭 | 0 |
| 4 | _ | 0 | Sing | le-us | e/single-s | ervice art | icles; properly icles; properly | | | 0 | ĕ | 1 | 5 | 9 | | | | oducts onered for sale oducts are sold, NSPA survey completed | | ŏ | ŏ | |
| _ | _ | | | | sed prope | · · | tems within ter | (10) days may | result in success | | | | service | | abilitie- | ment or | urreis. | Repeated violation of an identical risk factor | may result in resource | elon o | e un | r ford |
| servi | ce er | tablis | hmer | nt per | mit. Items | identified a | s constituting i | mminent healt | h hazards shall b | e corre | cted i | mmed | iately | or op | eration | ns shall | ceas | e. You are required to post the food service en lling a written request with the Commissioner | stablishment permit i | in a o | onspi | cuous |
| | | | | | | | | | 18-14-715, 68-14-1 | | | | | - | | | | | | | | |

| 57 +: | 03/30/2022 | \sim | 03/30/2022 | | | |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|------------|--|--|--|
| Signature of Person In Charge | Date | Signature of Environmental Health Specialist | Date | | | |
| | *** Additional food safety information can be found on o | ur website, http://tn.gov/health/article/eh-foodservi | ce **** | | | |
| Free food safety training classes are available each month at the county health department. | | | | | | |

| PH-2267 (Rev. 6-15) | Free food safety training clas | RDA 629 | | |
|---------------------|--------------------------------|--------------|-------------------------|---------|
| 1192201 (Nev. 0-10) | Please call (|) 4232098110 | to sign-up for a class. | nDr 023 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Rib And Loin Establishment Number #: 605068561

| 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) | | | | | |
| Autochlor Triple sink | Chlorine Quat | 50 400 | | | | | | |

| Equipment Temperature | | | | | | |
|-----------------------------|-----|--|--|--|--|--|
| Description Temperature (F | | | | | | |
| Reach in freezer | 5 | | | | | |
| Reach in hot box | 195 | | | | | |
| Walk in cooler | 38 | | | | | |
| Walk in cooler | 38 | | | | | |

| Food Temperature | | |
|------------------|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| Pork | Hot Holding | 160 |
| Beef | Hot Holding | 164 |
| Bake beans | Hot Holding | 177 |
| Green beans | Hot Holding | 200 |
| Corn cob | Hot Holding | 172 |
| Mac cheese | Hot Holding | 140 |
| Slaw | Cold Holding | 40 |
| Chicken tenders | Hot Holding | 145 |
| Chili | Hot Holding | 156 |
| Hot dogs | Hot Holding | 190 |
| Lettuce | Cold Holding | 39 |
| Diced tomatoes | Cold Holding | 39 |
| Chicken | Hot Holding | 173 |
| Bake beans | Cooling | 66 |
| Mashed potatoes | Hot Holding | 144 |

Total # 3

Repeated # ()

18: Cooling chicken in buckets was 97 staff was closing bucket with lid. One pan of pork in walk in cooler was 50 was made yesterday never cooled to below 41 was discarded

31: Walk in cooler was 38 should lower temp since cooling large volumes of food 41: In use scoops in standing water

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Rib And Loin

Establishment Number : 605068561

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

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 drinking from an approved container which is stored properly.

5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

6:

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: `

10: (NO): No food received during inspection.

11: (IN) All food was in good, sound condition at time of inspection.

- 12: (NÁ) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 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.

19: 20:

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.

22: (NÁ) 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: Rib And Loin

Establishment Number : 605068561

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Rib And Loin Establishment Number #. 605068561

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments