TENNESSEE DEPARTMENT OF HEALTH

| | | | | FOOD SEF | VICE ESTA | BL | ISH | iMi | ENT | r 11 | NSI | PEC | TIC | DN REPORT | scol | | | | | |
|--------------------|---|-----------|--|----------|---------------------------------------|---|--------------------------|-----------|---------|--------|---------|----------|------------|-----------|---------|--|-----------------------------|----------|---------|-------|
| Establishment Name | | | Pizza Hut #37601 O Fermer's Market Food Unit | | | | | | 94 | | | | | | | | | | | |
| | ress | | | | 6218 Hixs | on Pike | | | | | | Ту; | pe of I | Establi | ishme | O Temporary O Seasonal | | | | |
| City | | | | | Chattanoc | oga | Time in | 03 | 3:0 | 0 F | PM | A | M/P | м ть | me or | at 03:40; PM AM / PM | | | | |
| | | | | | 04/04/2 | 022 Establishmer | | | | | Emba | - | | | 1110 04 | <u> </u> | | | | |
| | | n Da | ite spect | | S Routine | O Follow-up | O Complaint | | | _ | elimin | | | | | nsultation/Other | | | | |
| | | | | Jon | _ | | | | | | eaman | ary | | | | | | | | |
| Risi | Cat | egon R | | act | O1 ors are food p | reparation practic | O3 es and employee | beha | | 04 | ost ci |) min | nonh | | | up Required X Yes O No I to the Centers for Disease Contro | Number of Se and Prevent | | _ | |
| | | | | as c | ontributing f | | | | _ | | _ | | | _ | | control measures to prevent illnes | s or injury. | | | |
| | | (11 | rk de | elgnel | ted compliance s | | | | | | | | | | | INTERVENTIONS ach item as applicable. Deduct points for cat | egory or subcateg | pery.) | | |
| IN | ⊧in c | ompili | ance | | | pliance NA=not applicat | ble NO=not observ | ed COS | L R I | | S=∞ | recte | d on-s | ite duri | ing ins | pection R=repeat (violation of the s Compliance Status | | | RI | WT |
| | IN | OUT | NA | NO | | Supervision | | 000 | - | | | IN | ол | NA | NO | Cooking and Reheating of Time/Te | | | ~ 1 | |
| 1 | 邕 | 0 | | | Person in charge performs duties | e present, demonstrate | s knowledge, and | 0 | 0 | 5 | 16 | 0 | | 0 | | Control For Safety (TCS) Fo Proper cooking time and temperatures | | 01 | | |
| | | | NA | NO | | Employee Healt | | | | _ | | ŏ | | | | Proper reheating procedures for hot holding | 9 | e e | ŏ | 5 |
| | |) 0 | | | | nd food employee awar estriction and exclusion | | 0 | 0 | 5 | | IN | ουτ | NA | NO | Cooling and Holding, Date Marking, a Public Health Control | and Time as | | | |
| | IN | OUT | NA | | | Good Hygionic Pract | | | | | | 0 | 0 | 0 | | Proper cooling time and temperature | | 0 | | _ |
| 4 | 区区 | 0 | | | | asting, drinking, or toba om eyes, nose, and mo | | 0 | 8 | 5 | 19 | 0 23 | 8 | 8 | | Proper hot holding temperatures Proper cold holding temperatures | | 8 | | |
| | IN | OUT | NA | NO | Preve | nting Contamination | | | | | | X | | ŏ | | Proper date marking and disposition | | ŏ | ŏ | 5 |
| 6 7 | 皇鼠 | 0 | 0 | 0 | | d properly washed ontact with ready-to-eal | foods or approved | 6 | 0 | 5 | 22 | - | 0 | × | | Time as a public health control: procedures | s and records | 0 | 0 | |
| - 1 | n X | | ~ | <u> </u> | alternate proce Handwashing s | dures followed inks properly supplied a | ind accessible | | 0 | 2 | - | IN | OUT | _ | NO | Consumer Advisory Consumer advisory provided for raw and u | indercooked | | | |
| | IN | OUT | NA | NO | | Approved Source | | | | _ | 23 | O IN | O | NA | NO | food Highly Susceptible Populati | | 0 | 이 | 4 |
| 10 | 0 | 0 | 0 | 20 | Food received | at proper temperature | | 0 | 0 | | 24 | | 0 | 22 | no | Pasteurized foods used: prohibited foods n | | 0 | 0 | 5 |
| | <u>炭</u> | 0 | × | 0 | | ondition, safe, and unad ts available: shell stock | | 0 | 0 | 5 | - | IN | OUT | | NO | Chemicals | | - | - | |
| | | | NA | - | destruction Pro | tection from Contan | nination | - | | _ | 25 | 0 | | | | Food additives: approved and properly use | d | न | তা | |
| | 息区 | | 00 | | Food separated | | altimod | 0 | 2 | _ | | | O OUT | | · | Toxic substances properly identified, stored | | 8 | 0 | • |
| | 2 | 0 | | | | urfaces: cleaned and sa on of unsafe food, retur | | 0 | 0 | 5 2 | 27 | 0 | 0 | 22 | ni v | Conformance with Approved Pro Compliance with variance, specialized prov HACCP plan | | 0 | 0 | 5 |
| | _ | _ | | Geo | | | a managements of | | 1 414 4 | inte | - due | tion | | atho | | , chemicals, and physical objects i | into foode | _ | _ | |
| | | | | | | acco are proventi | | | | | IL PR | | | | gena | , enemicans, and physical objects (| | | | |
| | | | | 00 | T=not in complian | | COS=com | ected o | n-site | during | | | | 9 | | R-repeat (violation of the same | | | - 1 | |
| | | OUT | | | | mpliance Status le Food and Water | | cos | R | WT | | 0 | TUK | | | Compliance Status Utensils and Equipment | | cos | R | WT |
| 2 | 8 9 | - | | | d eggs used wh | | | 8 | 8 | 1 | 4 | 5 | 0 1 | | | nfood-contact surfaces cleanable, properly and used | designed, | 0 | 0 | 1 |
| _ | 0 | | Varia | | obtained for spec | cialized processing met | | ŏ | ŏ | 1 | 4 | 5 | - 1 | | | g facilities, installed, maintained, used, test | strips | 0 | 0 | 1 |
| 3 | _ | 0 | _ | er co | | ed; adequate equipme | | 0 | 0 | 2 | 4 | 1 | | lonfoo | d-cor | tact surfaces clean | | 0 | 0 | 1 |
| | 2 | | contr | | properly cooked | for hot holding | | - | 0 | 1 | 4 | | NUT L | int and | Loold | Physical Facilities water available; adequate pressure | | 0 | | 2 |
| | 3 | 0 | Appr | oved | thawing method | s used | | 0 | 0 | 1 | 4 | 9 | O F | | | stalled; proper backflow devices | | 0 | 0 | 2 |
| 3 | 4 | 0 OUT | Then | mom | eters provided a | nd accurate od Identification | | 0 | 0 | 1 | 5 | _ | - | | | waste water properly disposed is: properly constructed, supplied, cleaned | | | 8 | 2 |
| 3 | _ | 0 | Food | prop | | ginal container; required | records available | 0 | 0 | 1 | 5 | _ | _ | | | use properly disposed; facilities maintained | | ŏ | <u></u> | 1 |
| | | OUT | | | | n of Food Contamin | | | | _ | 5 | 3 | - | - | · | ities installed, maintained, and clean | | 0 | 0 | 1 |
| 3 | 6 | 0 | Insec | ts, ro | dents, and anim | als not present | | 0 | 0 | 2 | 5 | • | o / | \dequa | ite ve | ntilation and lighting; designated areas use | d | 0 | 0 | 1 |
| 3 | 7 | 0 | Cont | amina | ation prevented | during food preparation, | storage & display | 0 | 0 | 1 | | 0 | υт | | | Administrative items | | | | |
| 3 | _ | | | | leanliness | | | 0 | 0 | 1 | 5 | _ | _ | | - | nit posted | | 0 | | 0 |
| _ | 9 0 | | | | ths; properly us ruits and vegeta | | | 8 | 0 | 1 | 5 | 5 | 0 1 | /ost re | cent | Compliance Status | | O YES | | WT |
| | | OUT | | | Pro | per Use of Utensils | | | · · · | | | | | | | Non-Smokers Protection Ac | t | | _ | |
| 4 | 1 2 | | | | nsils; properly st quipment and li | ored nens; properly stored, d | ried, handled | | 8 | | 5 | 8 | | | | with TN Non-Smoker Protection Act ducts offered for sale | | 8 | 0 | 0 |
| | 3 4 | 0 | Singl | e-use | | articles; properly stored, | | 0 | 8 | 1 | 5 | 5 | | | | oducts are sold, NSPA survey completed | | Ō | | |
| | allure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food | | | | | | | | r food | | | | | | | | | | | |
| serv | ce es | tablis | hmen | t perm | nit. Items identifie | d as constituting imminen | t health hazards shall b | e corre | cted i | mmed | liately | or op | eratio | ns shall | l ceas | e. You are required to post the food service est lling a written request with the Commissioner wi | ablishment permit i | in a c | onspi | cuous |

14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. 2 04/04/2022 of Environmental Health Specialist

Signature of Person In Charge

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Date Signatu

04/04/2022

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|---|----|---|
| D | at | e |

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

| PH-2267 (Rev. 6-15) | Free food safety training class | RDA 629 | | |
|----------------------|---------------------------------|--------------|-------------------------|---------|
| (19220) (1001. 0-10) | Please call (|) 4232098110 | to sign-up for a class. | 104 025 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Pizza Hut #37601 Establishment Number #: 605303043

| 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) | | | |
| Sani bucket | Quat | 300 | | | | |
| Dish machine | Chlorine | 100 | | | | |
| | | | | | | |

| Equipment l'emperature | |
|------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| | |
| | |
| | |
| | |
| | |
| | |

| Food Temperature | | |
|------------------|---------------|--------------------------|
| Decoription | State of Food | Temperature (Fahrenheit) |
| Wings | Cold Holding | 41 |
| Cut toms | Cold Holding | 37 |
| Sausage | Cold Holding | 38 |
| Pasta | Cold Holding | 40 |
| Pepperoni | Cold Holding | 41 |
| | | |
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| OL 1 | 1.0 | | |
|----------|-----|---------|--|
| Observed | VIO | 12TIONC | |
| Observeu | | auviio | |

Total # 2

Repeated # ()

2: No copy of illness policy, PIC unable to locate or list illnesses.

47: Build up on walkin shelves. Water build up in bottom of line cooler.



Establishment Information

Establishment Name: Pizza Hut #37601

Establishment Number : 605303043

Comments/Other Observations

1: (IN): ANSI Certified Manager present.

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: Hands washed

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: Approved

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.

- 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: (NA) No TCS foods reheated for hot holding.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NA) Establishment does not hot hold TCS foods.

20: See food temps

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: (NA) 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.

***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: Pizza Hut #37601

Establishment Number : 605303043

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Pizza Hut #37601

Establishment Number #: 605303043

| Water | Source: | HUD |
|-------|---------|------------------------------------|
| Food | Source: | Mclane |
| | Source: | |
| | Source: | |
| | Source: | |
| | | Food Source: Source: Source: |

Additional Comments