

Risk Category

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

O Farmer's Market Food Unit C & K Snowy Delights (Mobile) O Permanent MMobile Establishment Name Type of Establishment 8986 Wandering Way O Temporary O Seasonal Address Ooltewah Time in 01:50 PM AM/PM Time out 02:30; PM AM/PM City 10/06/2021 Establishment # 605309845 Embargoed Inspection Date **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other Purpose of Inspection

О3

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

Follow-up Required

04

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IH, OUT, HA, MO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or subcategory.)

| 10 | <b>≱</b> -in c            | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    |     |   | CC |
|----|---------------------------|-------|------|----|---|-----|---|----|
|    |                           |       |      |    | Compliance Status   | cos | R | WT |
|    | IN                        | OUT   | NA   | NO | Supervision   |     |   |    |
| 1  | 氮                         | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5  |
|    | IN                        | OUT   | NA   | NO | Employee Health   |     |   |    |
| 2  | $\mathbb{R}^{\mathbb{N}}$ | 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  | 滋                         | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 | 0  |
|    | IN                        | OUT   | NA   | NO | Preventing Contamination by Hands   |     |   |    |
| 6  | ×                         | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |    |
| 7  | 0                         | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5  |
| 8  | ×                         | 0     |      |    | Handwashing sinks properly supplied and accessible  | 0   | 0 | 2  |
|    | IN                        | OUT   | NA   | NO | Approved Source   |     |   |    |
| 9  | 窓                         | 0     |      |    | Food obtained from approved source  | 0   | 0 |    |
| 10 | 0                         | 0     | 0    | ×  | Food received at proper temperature   | 0   | 0 | 1  |
| 11 | ×                         | 0     |      |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5  |
| 12 | 0                         | 0     | ×    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |    |
|    | IN                        | OUT   | NA   | NO | Protection from Contamination   |     |   |    |
| 13 | X                         | 0     | 0    |    | 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-<br>served                        | 0   | 0 | 2  |

| Compliance Status |    |     |          |     |   | cos | R     | WT |
|-------------------|----|-----|----------|-----|---|-----|-------|----|
|                   | IN | OUT | NA       | NO  | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |       |    |
| 16                |    | 0   | ×        | 0   | Proper cooking time and temperatures  | 0   | 0     | 5  |
| 17                | 0  | 0   | 300      | 0   | Proper reheating procedures for hot holding                                 | 0   | 0     | ٠  |
|                   | IN | оит | NA       | NO  | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |       |    |
| 18                |    | 0   | 0        | ×   | Proper cooling time and temperature   | 0   | 0     |    |
| 19                |    | 0   | 0        | 文   | Proper hot holding temperatures   | 0   | 0     |    |
| 20                |    | 0   | *        |     | Proper cold holding temperatures  | 0   | 0     | 5  |
| 21                | 0  | 0   | 0        | 200 | Proper date marking and disposition   | 0   | 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<br>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   | <b>X</b> |     | Food additives: approved and properly used                                  | 0   | 0     | 5  |
| 26                | 黨  | 0   |          |     | Toxic substances properly identified, stored, used                          | 0   | 0     |    |
|                   | IN | OUT | NA       | NO  | Conformance with Approved Procedures  |     |       |    |
| 27                | 0  | 0   | ×        |     | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0     | 5  |

O Yes 疑 No

### Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

PRACTICES

|    |     |  | G00           | DR | a/. |
|----|-----|--|---------------|----|-----|
|    |     | OUT=not in compliance COS=corr   |               |    |     |
|    |     | Compliance Status  | cos           | R  | WT  |
|    | OUT | Safe Food and Water  |               |    |     |
| 28 | 0   | Pasteurized eggs used where required                                       | 0             | 0  | 1   |
| 29 | 0   | Water and ice from approved source   | 0             | 0  | 2   |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0             | 0  | 1   |
|    | OUT | Food Temperature Control   |               |    |     |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0             | 0  | 2   |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0             | 0  | 1   |
| 33 | 0   | Approved thawing methods used  | 0             | 0  | 1   |
| 34 | 0   | Thermometers provided and accurate   | 0             | 0  | 1   |
|    | OUT | Food Identification  |               |    |     |
| 35 | 0   | Food properly labeled; original container; required records available      | 0             | 0  | 1   |
|    | OUT | Prevention of Food Contamination   |               |    |     |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0             | 0  | 2   |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0             | 0  | 1   |
| 38 | 0   | Personal cleanliness   | 0             | 0  | 1   |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0             | 0  | 1   |
| 40 | 0   | Washing fruits and vegetables  | 0             | 0  | 1   |
|    | OUT | Proper Use of Utensils   | $\overline{}$ |    |     |
| 41 | 0   | In-use utensils; properly stored   | 0             | 0  | 1   |
| 42 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0             | 0  | 1   |
|    | 1.0 | Single-use/single-service articles; properly stored, used                  | 0             | 0  | 1   |
| 43 | 0   | ongle-usersingle-service directes, properly stored, used                   | _             |    |     |

|    | on  | R-repeat (violation of the same code provision)  Compliance Status                       | cos  | R  | W   |
|----|-----|--|------|----|-----|
|    | OUT | Utensils and Equipment   | -    |    |     |
| 45 | 0   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0    | 0  | 1   |
| 46 | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0    | 0  | 1   |
| 47 | 0   | Nonfood-contact surfaces clean   | 0    | 0  | 1   |
|    | OUT | Physical Facilities  |      |    |     |
| 48 | 0   | Hot and cold water available; adequate pressure  | 0    | 0  | 7   |
| 49 | 0   | Plumbing installed; proper backflow devices  | 0    | 0  | - 2 |
| 50 | 0   | Sewage and waste water properly disposed   | 0    | 0  | - 2 |
| 51 | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0    | 0  | 1   |
| 52 | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0    | 0  | 1   |
| 53 | 0   | Physical facilities installed, maintained, and clean                                     | 0    | 0  | 1   |
| 54 | 0   | Adequate ventilation and lighting; designated areas used                                 | 0    | 0  | 1   |
|    | OUT | Administrative Items   |      |    |     |
| 55 | 0   | Current permit posted  | 0    | 0  | Γ,  |
| 56 | 0   | Most recent inspection posted  | 0    | 0  | ,   |
|    |     | Compliance Status  | YES  | NO | W   |
|    |     | Non-Smokers Protection Act   |      |    |     |
| 57 |     | Compliance with TN Non-Smoker Protection Act   | - 3% | 0  |     |
| 58 |     | Tobacco products offered for sale  | 0    | 0  | ١ ( |
| 59 |     | If tobacco products are sold, NSPA survey completed                                      | - 0  | 0  |     |

Failure 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 service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

10/06/2021



10/06/2021

Signature of Person In Charge

Date Signature of Environmental Health Specialist

Date

\*\*\*\* 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 classes are available each month at the county health department.

Please call ( ) 4232098110 to sign-up for a class.

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



| Establishment Information   |                               |                                |                      |              |
|---|-------------------------------|--------------------------------|----------------------|--------------|
| Establishment Name: C & K Snowy Do  | elights (Mobile)              |                                |                      |              |
| Establishment Number #: 605309845   | )                             |                                |                      |              |
| NCDA Commun. To be accorded if  | #F7 :- #M-11                  |                                |                      |              |
| NSPA Survey - To be completed if<br>Age-restricted venue does not affirmatively res |                               | r facilities at all times to p | persons who are      |              |
| twenty-one (21) years of age or older.  |                               |                                |                      |              |
| Age-restricted venue does not require each pe                                       | rson attempting to gain entry | to submit acceptable for       | m of identification. |              |
| "No Smoking" signs or the international "Non-S                                      | Smoking" symbol are not con-  | spicuously posted at eve       | ry entrance.         |              |
| Garage type doors in non-enclosed areas are   | not completely open.          |                                |                      |              |
| Tents or awnings with removable sides or vent                                       | s in non-enclosed areas are   | not completely removed         | or open.             |              |
| Smoke from non-enclosed areas is inflitrating i                                     | nto areas where smoking is p  | prohibited.                    |                      |              |
| Smoking observed where smoking is prohibite   | d by the Act.                 |                                |                      |              |
|   |                               |                                |                      |              |
| Warewashing Info  | Sanitizer Type                | PPM                            | Temperature ( Fah    | renhelfi     |
| Triple Sink   | Chlorine                      | 50                             | Tomporator ( ) an    | il oranione, |
| Triple Sirik  | Chionne                       | 30                             |                      |              |
|   |                               |                                |                      |              |
|   |                               |                                |                      |              |
| Equipment Temperature   |                               |                                |                      |              |
| Description   |                               |                                | Temperature ( Fah    | renheit)     |
|   |                               |                                |                      |              |
|   |                               |                                |                      |              |
|   |                               |                                |                      |              |
|   |                               |                                |                      |              |
|   |                               |                                |                      |              |
| Food Tomporature  |                               |                                |                      |              |
| Food Temperature  |                               | State of Food                  | Temperature ( Fah    | renhelf)     |
| Decomption  |                               | state of Pood                  | reinperature ( Pan   | rennen,      |
|   |                               |                                |                      |              |
|   |                               |                                |                      |              |
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## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



### Establishment Information

Establishment Name: C & K Snowy Delights (Mobile)

Establishment Number: 605309845

## Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 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: Proper hand washing observed.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: Source 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: (NA) Establishment does not cold hold TCS foods.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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.

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

| Establishment Name: C & K Snowy Delights (Mobile) |  |  |  |  |  |
|---|--|--|--|--|--|
| Establishment Number: 605309845                   |  |  |  |  |  |
|   |  |  |  |  |  |
| Comments/Other Observations (cont'd)              |  |  |  |  |  |
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| Additional Comments (cont'd)                      |  |  |  |  |  |
| See last page for additional comments.            |  |  |  |  |  |
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Establishment Information

| Establishment Number #: 605309845          |  |
|--|--|
| **************************************     |  |
| Sources                                    |  |
| Source Type: Food Source: Grocery          |  |
| Source Type: Source:                       |  |
| Additional Comments                        |  |
| Amy Paquette joined me on this inspection. |  |
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Establishment Information