TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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and the second s	調査	S. C.	1. Contraction of the second															`	
Establishment Name			Armando's						Type of Establishment O Fermer's Market Food Unit O Mobile										
Address		Į	5700 Ringgold Rd. Type of Establishment O Temporary O Seasonal																
-		East Ridge Time in 03:00 PM AM / PM Time out 03:15: PM AM / PM																	
Inspec	tion	Dat	e	Ō	08/11/202	3 Establishment #							d 0						
Purpos					ORoutine	简 Follow-up	O Complaint			O Pro					Cor	nsultation/Other			
Risk Category O1 122 O3					O 4				Fo	low-	up Required O Yes 🕱 No Number of	f Seats	92						
	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.																		
						FOODBORN	E ILLNESS RI	SK F	ACT	ors	AND	PUI	LIC	HEA	LTH	INTERVENTIONS			
IN⊨in	(Mark designated compliance status (IK, OUT, KA, NO) for each annihored item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.) IN-in compliance OUT=not in compliance NA=not applicable NO=not observed COS=corrected on-site during inspection R=repeat (violation of the same code provision)									-)									
		÷.,		10		ance Status			R		F					Compliance Status Cooking and Reheating of Time/Temperature		R	WT
1 2	-	0			Person in charge pre	Supervision sent, demonstrates kn	owledge, and	0	0	5			OUT		NO	Control For Safety (TCS) Foods			
IN	0	UT	NA N	10		Employee Health						刻 の				Proper cooking time and temperatures Proper reheating procedures for hot holding	0	8	5
2 3	_	8		- r	Management and foo Proper use of restrict	d employee awarenes ion and exclusion	s; reporting	0	0	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking, and Time a a Public Health Control	·		
IN	0	υτ		10	Good	Hygionic Practicos						×			_	Proper cooling time and temperature	0	0	
5 😹		0		0	No discharge from ey	a. drinking, or tobacco yes, nose, and mouth		0	0	5	20	e M	0			Proper hot holding temperatures Proper cold holding temperatures	0	0 0	5
6 🐰		UT O	NA N	0	Hands clean and pro			0	0	_	21	変換	0	0	_	Proper date marking and disposition Time as a public health control: procedures and records	0	0	
7 篇	·	- 1	0	<u> </u>	alternate procedures			0	0	5			-	NA		Consumer Advisory	Ť		_
	0	UT	NAIN	10		properly supplied and a	ccessible		0	2	23		0	0		Consumer advisory provided for raw and undercooked food	0	0	4
10 O		0	0 2	~	Food obtained from a Food received at pro	per temperature		0			24		OUT	NA	NO	Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered	0	0	5
11 📓 12 O	_	0	x (Required records ava	on, safe, and unadulter ailable: shell stock tags		0 0	0	5	H		OUT	_	NO	Chemicals	Ť		-
IN	0	UT	NA N	10		on from Contamina	tion				25	0	0	26		Food additives: approved and properly used	0	8	5
13 🛒		허	응		Food separated and Food-contact surface	protected is: cleaned and sanitiz	ed		0		26	∭ N		NA	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures	+°	0	-
15 📡	_	_	_		Proper disposition of served	unsafe food, returned	food not re-	0	0	2	27	0	0	黨		Compliance with variance, specialized process, and HACCP plan	0	0	5
	Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.																		
										ar/Al			_	_					
	_			OUT	not in compliance Compli	ance Status	COS=corre		n-site R		inspe	ction				R-repeat (violation of the same code provision Compliance Status		R	WT
28		UT D F	Pasteu	rizec	Safe Fo d eggs used where re	od and Water equired		0		1	4	_	UT K	ood an	id no	Utensils and Equipment nfood-contact surfaces cleanable, properly designed,			
29 30	1	o iv	Nater :	and	ice from approved so			0	0	2	F	+	- 00			and used	0	0	1
	0	υT			Food Tem	perature Control dequate equipment for					4					g facilities, installed, maintained, used, test strips rtact surfaces clean	0	0	1
31			ontrol				temperature	0	0	2		0	UT			Physical Facilities			
32	1	0 /	Approv	ed t	properly cooked for h hawing methods use	d		0	0	1	4) (5 P	lumbin	g ins	water available; adequate pressure stalled; proper backflow devices	0		2
34		I C UT	herm	ome	ters provided and ac Food I	ourate dentification		0	0	1	5	_	_			waste water properly disposed is: properly constructed, supplied, cleaned	0	0 0	2
35		-	⁷ ood p	rope		ontainer; required reco		0	0	1	5			-		use properly disposed; facilities maintained	0	0	1
36	1	UT D II	nsects		Prevention of dents, and animals no	Food Contamination of cresent	1	0	0	2	5	-+	-			ities installed, maintained, and clean ntilation and lighting; designated areas used	0	0	1
37	+	-				food preparation, stor	ane & display	0	0	1	F	-	UT			Administrative Items	Ť	1-1	-
38	-	_			leanliness	roos proportion, oron	oge a angelaj	0	0		5	_		urrent	perm	nit posted	0	ा	
39 40	_	_		_	hs; properly used an uits and vegetables	d stored		0	0		54	5 () M	ost re	centi	Compliance Status		0 NO	WT
41	-	UT	0-115-0	uten	Proper U sils; properly stored	ise of Utensils		0	0		5	,	-	omplia	ince	Non-Smokers Protection Act with TN Non-Smoker Protection Act		ाण	
42	1	οl	,tensil	5, ec	quipment and linens;	properly stored, dried, s; properly stored, use		0	0 0	1	5	8	T	obacco	o pro	ducts offered for sale oducts are sold, NSPA survey completed	0	Š	۰
44					id properly	a, property stored, use	3		ŏ		<u> </u>			1000000	lo pri	objects are sold, Hor X survey completed	10	101	
service	esta	blist	ment p	erm	it. Items identified as o	onstituting imminent hea	Ith hazards shall be	e corre	cted i	mmedi	ately	or ope	ration	s shall	cease	Repeated violation of an identical risk factor may result in re e. You are required to post the food service establishment pe lling a written request with the Commissioner within ten (10) d	mit in a	conspi	cuous
report.	T.C.	A. 94	ctions	68-1	4-703, 68-14-706, 68-14-	708, 68-14-709, 68-14-711,							1)	1	$\cap \mathcal{E} \cap \mathcal{D}$.			
Sinnat	С 1170	off) pre or	a le i	17 M		08/1	1/2		3 Date	Siz	matri	7	Th	N	M- LKM	08/2	11/2	023 Date
Signature of Person In Charge Date Signature of Environmental Health Specialist Date Date **** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****									Jale										
PH-226	7 (R	ev. 6	5-15)		-	,	raining classes	s are	ava		eac	h ma	nth a	at the	cou	nty health department. p for a class.		RD	A 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Armando's Establishment Number #: 605196473

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)							
			l							

Equipment Temperature	
Description	Temperature (Fahrenheit)

ecoription	State of Food	Temperature (Fahrenheit

Observed Violations		
Total # 4		
Repeated # ()		
41:		
+⊥. 4 ⊑		
45:		
47:		
53:		

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Armando's

Establishment Number : 605196473

Comments/Other Observations	

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: Armando's

Establishment Number: 605196473

Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	

Additional Comments

Priority item #14 corrected. See original report dated 8/11/23.