

Establishment Name

Address

Risk Category

City

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Permanent O Mobile

8018 E. Brainerd Rd.

O Temporary O Seasonal

10/05/2023 Establishment # 605309276 Embargoed 0 Inspection Date

Armando's East Brainerd

Chattanooga

O Preliminary O Consultation/Other

Follow-up Required

Type of Establishment

Time in 01:45 PM AM / PM Time out 02:20: PM AM / PM

O Follow-up O Complaint Purpose of Inspection **K**Routine О3

Number of Seats 48 O Yes 疑 No

SCORE

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 10 | e in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | | | 0 |
|----|---|-------|------|--|---|-----|---|-----|
| 匚 | | | | | Compliance Status | cos | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | × | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | 38 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | Ι. |
| 3 | 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 |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | × | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 氮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | 8 🕱 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 黨 | 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 destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | Ø | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | × | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| Con | | | Compliance Status | COS | K | WI | | |
|-----|----|-----|-------------------|-----|---|----|----|---|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | 0 | × | Proper cooking time and temperatures | 0 | 00 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 災 | 0 | 0 | 0 | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 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 food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | M | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 2 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | ٠ |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

is, chemicals, and physical objects into foods.

| | | | GOO | | |
|----|-----|--|-----|---|---|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Caro i con amo i i mori | | | _ |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | | 0 | 0 | |
| 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 control | 0 | 0 | : |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | r |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 7 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Г |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | ŀ |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | ŀ |
| 38 | 0 | Personal cleanliness | 0 | 0 | г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | _ |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | ' |
| | OUT | Proper Use of Utensils | | | Π |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | Г |
| 43 | 0 | | 0 | 0 | r |
| - | | | | | |

| pect | on | R-repeat (violation of the same code provision) | | - | 147 |
|------|-----|--|------|----|-----|
| | | Compliance Status | cos | R | W |
| | OUT | Utensiis and Equipment | _ | _ | _ |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, 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 | - |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | -: |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | - 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | ٠ |
| 53 | 3% | Physical facilities installed, maintained, and clean | 0 | 0 | , |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | П |
| 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 | |

You have the right to request a l (10) days of the date of the 1500z00

10/05/2023

10/05/2023

Signature of Person In Charge

Date Signature of Environme

Date

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

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Armando's East Brainerd

Smoking observed where smoking is prohibited by the Act.

Establishment Number #: 605309276

| 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. | |

| Warewashing Info | | | | | | | |
|------------------|----------------|-----|---------------------------|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | |
| Triple sink | Chlorine | 50 | | | | | |
| | | | | | | | |
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| Equipment Temperature | | | | | | | |
|-----------------------|---------------------------|--|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | | |
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| Food Temperature | | |
|------------------|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit |
| Tuna salad | Cold Holding | 40 |
| Sliced turkey | Cold Holding | 40 |
| Sliced ham | Cold Holding | 40 |
| Raw ground beef | Cold Holding | 40 |
| Grilled chicken | Cooling | 60 |
| Coleslaw | Cold Holding | 40 |
| Chili | Hot Holding | 157 |
| Sour cream | Cold Holding | 40 |
| Cooked noodles | Hot Holding | 170 |
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| Observed Violations | | | | | | | |
|---|--|--|--|--|--|--|--|
| Total # | | | | | | | |
| Repeated # 0 | | | | | | | |
| i3: Ceiling with water damage and dust. | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Armando's East Brainerd

Establishment Number: 605309276

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Employee health policy posted in kitchen.
- 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.
- 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: Food obtained from approved source.
- 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 cooking observed during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Proper cooling procedures observed with grilled chicken. Grilled chicken cooked three hours prior and placed in shallow container in reach-in cooler.
- 19: Proper hot holding temps observed.
- 20: Proper cold holding temps observed.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Proper TILT procedures observed with sliced tomatoes and cut leafy greens.
- 23: Consumer advisory located.
- 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:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

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| Establishment Name: Armando's East Brainerd | |
|---|--|
| Establishment Number: 605309276 | |
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| Comments/Other Observations (cont'd) | |
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Establishment Information

| Establishment Information | | | | | | |
|---------------------------|------------------------|---------|--------|---|--|--|
| Establishment Name: A | rmando's East Brainerd | | | | | |
| Establishment Number #: | 605309276 | | | 1 | | |
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| Sources | | | | | | |
| Course Type: | Food | Course | DEC | | | |
| Source Type: | Food | Source: | PFG | | | |
| Source Type: | Water | Source: | Public | | | |
| Source Type. | vvalei | Source. | Fublic | | | |
| Source Type: | | Source: | | | | |
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| Source Type: | | Source: | | | | |
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| Additional Comme | nts | | | | | |
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