TENNESSEE DEPARTMENT OF HEALTH PVICE ESTABLISHMENT INSPECTION REPOR

FOOD SERVICE ESTA			BLISHMENT INSPECTION REPORT								SCO	RE								
Comments of the second s																				
Formosa				Type of Establishment O Fermer's Market Food Unit Extended Permanent O Mobile							/									
Establishment Name 5425 Hwy 153 Suite 129						_	Тур	xe of I	Establ	ishme	ent Permanent O Mobile O Temporary O Seasonal	J								
				02	2.2	0 F	- M					ut 03:15; PM AM / PM								
City					03/10/20	021 Establishmen					Embe	-			me o	<u></u>				
		on Da	spec	tion	ORoutine	Follow-up	O Complaint			- O Pre			a <u>-</u>		0.000	nsultation/Other				
				DON		SE2				04	20071001	ary					Number of C	aate	97	
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. FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																				
		(11)	urik de	alga	ted compliance st											ach liem as applicable. Deduct points for ca	legory or subcate	pery.)		
IN	in c	ompli	ance			iance NA=not applicat mpliance Status	ile NO=not observ		R		\$=00	recte	d on-s	site dur	ing ins	spection R=repeat (violation of the Compliance Status			R	WT
	IN	OUT	NA	NO		Supervision			_			IN	ουτ	NA	NO	Cooking and Reheating of Time/Te Control For Safety (TCS) Fo				
	黨	0			performs duties	e present, demonstrate	s knowledge, and	0	0	5		23	0	0		Proper cooking time and temperatures		0	0	5
	IN XX		NA	NO		Employee Healt Ind food employee awar		0		_	17	0	0			Proper reheating procedures for hot holdin Ceeling and Holding, Date Marking,		0	0	
3	黨	0				striction and exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Contro				
	IN 送		NA			Bood Hygionic Pract asting, drinking, or toba		0	0			0 溪	0	8		Proper cooling time and temperature Proper hot holding temperatures		0	2	
5	24	0		0	No discharge fro	om eyes, nose, and mo	uth	ŏ	ŏ	5	20	25	0	0		Proper cold holding temperatures		0	0	5
	IN A	001	NA			nting Contamination d properly washed	h by Hands	0	0	_		*		_		Proper date marking and disposition		0		Ť
_	R	ō	0	ŏ	No bare hand co	ontact with ready-to-eat	foods or approved	ō	ō	5	22	0	0	×	-	Time as a public health control: procedure	s and records	0	٥	
8	-		-	-	Alternate proced Handwashing si	tures followed inks properly supplied a	nd accessible		0	2	23	ĭN O	OUT	NA	NO	Consumer Advisory Consumer advisory provided for raw and	undercooked	0	0	_
	IN 宸		NA	NO		Approved Source rom approved source	•	0	0			IN	OUT		NO	food Highly Susceptible Populat		~	~	-
10	0	0	0		Food received a	it proper temperature		0	0		24		0	25	- NO	Pasteurized foods used; prohibited foods		0	0	6
11	_		×			ndition, safe, and unad s available: shell stock		0	0	5	-		OUT		NO		IOL OTHERED	-	~	
	0	0	NA	0	destruction	tection from Contan		0	0	_	25	IN O		NA XX		Chemicals Food additives: approved and properly us	ed.	0	0	
13	X	0	0		Food separated				0	4	26	Ř	ŏ		·	Toxic substances properly identified, store	d, used	ŏ		5
	_	0	0]		infaces: cleaned and sa on of unsafe food, retur		0	0	5		IN	OUT				_	_		
15	2	0			served	on or unsare rood, retur	nea tooa not re-	0	0	2	27	0	0	黨		Compliance with variance, specialized pro HACCP plan	cess, and	0	0	5
				Go	od Retail Prac	tices are preventiv	e measures to co	ontro	l the	intro	oduc	tion	ofp	atho	gens	, chemicals, and physical objects	into foods.			
								GOO	DR	a/Al	L PR	ACT	1CE	8						
				0	JT=not in complianc	e mpliance Status	COS=corre		n-site R		inspe	ction				R-repeat (violation of the same Compliance Status		cos	R	WT
	_	OUT			Saf	e Food and Water						0	UT			Utensils and Equipment				
2					ed eggs used who d ice from approv				0		4	5 (infood-contact surfaces cleanable, properly and used	designed,	0	0	1
3	0		Varia		obtained for spec	ialized processing meth Temperature Contro		Ő	Õ	1	4	5 3	-	Warewashing facilities, installed, maintained, used, test strips			t strips	0	0	1
			_	xer co		ed; adequate equipmer	-	6			4	7 2	1 K	Vonfoo	d-cor	ntact surfaces clean		0	0	1
3		0	cont	rol	-			0	0	2			UT	lan c.c.		Physical Facilities				
3	_				d properly cooked thawing methods				8	1	4					f water available; adequate pressure stalled; proper backflow devices	+	0	윙	2
3	-	0	Ther		neters provided an	nd accurate		0	0	1	5	0 0	0 8	Sewag	e and	waste water properly disposed		0	0	2
	_	OUT	_			od identification		-			5	_				es: properly constructed, supplied, cleaned			0	1
3	5		Food	d pro		inal container; required		0	0	1	5		_		-	use properly disposed; facilities maintained		0	0	1
3	R	OUT	Inse	nte r	odents, and anim	n of Feed Contamina als not researt	Ition	0	0	2	5	_	_			lities installed, maintained, and clean intilation and lighting; designated areas use		0	0	1
3	-	-	-		-		ata ana di sina ka	0	0	1	F	-	~~ ′ UT		010 10		-	-	-	
3					cleanliness	during food preparation,	storage & display	0	0	1	5			Suman	tinern	Administrative items nit posted		0		
3	_	26	Wipi	ng ci	oths; properly use			0	0	1	5					inspection posted		0	0	0
4	-			hing	fruits and vegetat	bies oer Use of Utensils		0	0	1		_	_			Compliance Status Non-Smokers Protection A		YES	NO	WT
			utensils; properly stored				0		1 57 Compliance with TN Non-Smoker Protection Act					X	0					
42 O Utensils,			equipment and linens; properly stored, dried, handled se/single-service articles; properly stored, used				0		58 Tobacco products offered for sale 59 If tobacco products are sold, NSPA survey completed						0		0			
	44 O Gloves used properly O O 1																			
	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 imminant health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous																			
man	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																			
epo	eport. T.C.A. sections 68-14-703, 68-14-708, 68-14-709, 68-14-715, 78-14-715, 78-16, 78-16, 78-16, 78-16, 78-1																			
\geq		_	~	Za			03/2	10/2			-		7-	Y	-		0	3/1	.0/2	
Sigr	าสเม	re of	Pers	ion li	n Charge					Date	Sig	natu	ire of	Envir	onme	ental Health Specialist				Date

00/20/2022	_//
Date	Signature of Env

_	_	_		
1	D	а	te	ï

**** 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 cla	RDA 629		
1192201 (1097. 0-10)	Please call () 4232098110	to sign-up for a class.	101 025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Formosa Establishment Number #: 605249329

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 Maohine Name Sanitizer Type PPM Temperature (Fahrenheit)

Equipment Temperature				
Description	Temperature (Fahrenheit)			

Description	State of Food	Temperature (Fahrenheit

Observes	d Violations			
Total # 6				
Repeated #	Ο			
	0			
35:				
39:				
41:				
46:				
47:				
54:				

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

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Formosa Establishment Number : 605249329

Comments/Other Observations	
1: The person in charge is in control of foodborne illness risk factors.	
<u>2:</u>	
3:	
4:	
5:	
δ:	
4: 5: 6: 7: 8:	
3:	
9:	
10:	
12:	
13: 14 Dishuashar is now testing 50 parts Chloring	
14: Dishwasher is now testing 50 ppm Chlorine.	
15: 16:	
10. 17:	
18:	
19:	
20: Cooler is holding TCS foods at or below 41°F. Chicken is no longer being held	on ice.
21: Correct date marking is being used. Manager will check date marking at the er	
verifying he did.	
22:	
23:	
24:	
25:	
26: All cleaning chemicals are stored and kabeled correctly.	
27:	
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: Formosa

Establishment Number: 605249329

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Formosa Establishment Number # 605249329

SourcesSource Type:Source:Source Type:Source:Source Type:Source:Source Type:Source:Source Type:Source:

Additional Comments

Corrected criticals- see original inspection done 3/3/21.