TENNESSEE DEPARTMENT OF HEALTH

1

11/20

					FOOD SERVICE ESTABLISHMENT INSPECTION REPORT								sco	SCORE						
Esta	bish	men	t Nan		Alleia							Tur	on of	Establi	ehmo	O Farmer's Market Food Unit	10		$\left(\right)$	
Add	ress				25 E. Main	St., Suite 101						1.33	De oi i	CSIGUI	SHEEPC	O Temporary O Seasonal				/
City				Chattanoog	la	Time in	03	3:5	1. F	M	A	M/P	M Tk	ne oi	ut 04:05; PM AM / PM					
,			06/29/20	23 Establishment					Embe	_										
Purp	ose	of In	spect	ion	O Routine	搿 Follow-up	O Complaint			O Pr	elimin	ary		0	Cor	nsuitation/Other				
Risk Category					O 1	3 \$2	O 3			O 4						up Required O Yes 👯 No	Number of S	eats	14	0
		R	isk F	acto as c	ors are food pro	eparation practices tors in foodborne i	and employee	beha s. P	vior	s mo	at co aith	omn Inte	nonh rven	y repo tions	are	d to the Centers for Disease Cont control measures to prevent illn	rol and Preven ess or injury.	tion		
						FOODBOR	NE ILLNESS RI	SK F	ACTO	orts	AND	PU	BLIC	HEA	шн	INTERVENTIONS				
	-10.00			lgnat					ite ma							ach liem an applicable. Deduct points for		_		
INP	in co	mpīu	ance			nce NA=not applicable	NO=not observe	cos	R		5=00	mecte	d on-s	ste dun	ng ins	spection R*repeat (violation of th Compliance Status		COS	R	WT
	IN	ουτ	NA	NO		Supervision						IN	ουτ	NA	NO	Cooking and Reheating of Time/				
1	鬣	0			Person in charge performs duties	present, demonstrates	knowledge, and	0	0	5	16	0	0	0	14	Control For Safety (TCS) Proper cooking time and temperatures	Foods	0	σ	
			NA	NO		Employee Health	and and an	~				8				Proper reheating procedures for hot hok	ding	00	õ	5
	X X	8				food employee awaren triction and exclusion	ess; reporting	6	0	5		IN	ουτ	NA	NO	Cooling and Holding, Date Markin a Public Health Contr				
		-	NA		,	od Hygionic Practic	•=	-		-	18	×	0	0	0	Proper cooling time and temperature		0	न	_
4	<u>X</u>	2				ting, drinking, or tobacc n eyes, nose, and mout		8	0	5		0				Proper hot holding temperatures Proper cold holding temperatures		0	응	
	IN	OUT	NA	NO	Prevent	ting Contamination I		-			21	100	8			Proper date marking and disposition		ŏ	8	5
_		0		_	Hands clean and No hare hand con	properly washed tact with ready-to-eat for	ods or approved	0	-	5	22	0	0	×	0	Time as a public health control: procedu	res and records	0	0	
	鬣	0	0	0	alternate procedu	res followed		0	0			IN	OUT	NA	NO					
8		ᇞ	NA	NO	Handwashing sini	Approved Source	accessible	0	0	2	23	×	0	0		Consumer advisory provided for raw and food	d undercooked	0	0	4
	8		0			m approved source		0				IN	OUT		NO	Highly Susceptible Popul	ations		_	
10	×	8	0	<u>×</u>	Food in good con	proper temperature dition, safe, and unadult		0	0	5	24	0	0	X		Pasteurized foods used; prohibited food	s not offered	0	0	5
	_	0	0	0	Required records destruction	available: shell stock ta	gs, parasite	0	0			IN	OUT	NA	NO	Chemicals				
		OUT O	NA	NO	Prote	ction from Contamin	ation		0	_	25	0	0	X		Food additives: approved and properly u		0	읽	5
14	욼	8	허		Food separated a Food-contact surf	aces: cleaned and sani	tized	6	6	4	20	IN		NA	NO	Toxic substances properly identified, sto Conformance with Approved I		0	01	_
-	_	0			Proper disposition served	of unsafe food, returne	d food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized p HACCP plan	rocess, and	0	0	5
				Goo	d Retail Practi	ces are preventive	measures to co	ontro	l the	intr	oduc	tion	of p	atho	gens	s, chemicals, and physical object	s into foods.			
								GOO						5						
				00	F=not in compliance Com	pliance Status	COS=corre	Cted o	R	WT	inspe	ction				R-repeat (violation of the san Compliance Status		COS	R	WT
2	_	001	Dacto	11520	Safe d eggs used when	Food and Water		0	0	-			TUK	lood ar	vd no	Utensils and Equipment prood-contact surfaces cleanable, proper	du designed		_	_
2	9	0	Wate	r and	ice from approved	d source	4-	0	0	Ż	4	5				and used	ny oragino,	0	0	1
3		out	Varia	nce c		lized processing metho mperature Control	ds	0	0	-	4	6	۰ŀ	Varewa	ashin	g facilities, installed, maintained, used, te	est strips	0	0	1
3	31 O Proper cooling methods used; adequate equipment for temperature			0	0	2	4	_	_	Vonfoo	d-con	ntact surfaces clean		0	0	1				
3:	2	_	contro Plant		properly cooked for	or hot holding		0		1	4	_	NUT O ⊦	lot and	l cold	Physical Facilities I water available; adequate pressure		0	o	2
- 33	3	0	Appro	oved	thawing methods u	used		0	0	1	4	49 O Plumbing installed; proper backflow devices					0	0	2	
3	_	0 OUT	Therr	nome	eters provided and	accurate d identification		0	0	1	5		-			i waste water properly disposed es: properly constructed, supplied, cleane	d	0	0	2
35 O Food properly labeled; original container; required records available			0	0	1	5	_				use properly disposed; facilities maintaine		ŏ	0	1					
		OUT				of Food Contaminat				_	5	3	O F	hysica	I faci	lities installed, maintained, and clean		0	0	1
3	6	0	Insec	ts, ro	dents, and animals	s not present		0	0	2	5	4	0 /	\dequa	te ve	entilation and lighting; designated areas u	sed	0	0	1
3	7	0	Conta	amina	tion prevented du	ring food preparation, st	orage & display	0	0	1		¢	тих			Administrative items				
3					leanliness ths; properly used	and stored		0	0	1	5		0	Sument April 10	perm	nit posted inspection posted		0	0	0
4					ths; properly used ruits and vegetable				8		F	<u> </u>	0 1	nust re	Cent	Compliance Status		YES		WT
-		OUT				r Use of Utensils					-	,		Samel	10.00	Non-Smokers Protection with TN Non-Smoker Protection Act	Act	_	-	
4	2	0	Utens	sils, e	quipment and line	ns; properly stored, drie		0		1	5	8		obacc	o pro	oducts offered for sale		<u>×</u>	ő	0
4		8	Single	e-use es us	/single-service art ed properly	icles; properly stored, u	sed	8	8	1	5	9	ł	tobac	co pr	roducts are sold, NSPA survey completed	1	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, 68-14-709, 68-14-711, 68-14-716, 4-6-320.

Nem.	06/29/2023	5 @	- 06/29/2023
Signature of Person In Charge	Date	Signature of Environmental Health Specialist	Date
Additional foo	d safety information can be found on our	website, http://tn.gov/health/article/eh-foodservice	***
Erec food	cofety training electron are evaluable.	cash month at the county health department	

PH-2267 (Rev. 6-15)	Free food safety training cla	sses are available each mo	nth at the county health department.	RDA 629
	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: Alleia Establishment Number #: 605208431

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 3moking" 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. Smoking observed where smoking is prohibited by the Act.

Warewashing Info Maohine Name Sanitizer Type PPM Temperature (Fahrenheit)

Equipment l'emperature	
Description	Temperature (Fahrenheit)
<u></u>	

Description	State of Food	Temperature (Fahrenheit

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Alleia

Establishment Number : 605208431

Comments/Other Observations		
0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9		
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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: Alleia

Establishment Number: 605208431

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