

Risk Category

01

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Follow-up Required

SCORE

| Establishment Name | Fireside Grille | Type of Establishment | O Farmer's Market Food Unit ○ Permanent O Mobile | 96 |
|-----------------------|---|---|---|----|
| Address | 3018 Cummings Hwy. Suite-J | - Type of Establishment | O Temporary O Seasonal | |
| City | Chattanooga Time in 03:00 P | M AM / PM Time out | 03:30:PM_ AM/PM | |
| Inspection Date | 03/31/2022 Establishment # 605248539 | mbargoed 0 | | |
| Purpose of Inspection | O Routine ₩ Follow-up O Complaint O Pre | minary O Consul | Itation/Other | |
| | | | | |

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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IS (IK, OUT, NA, HO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable.

| IN+in compliance OUT+not in compliance NA+not applicable NO+not observed | | | | | | | 0 | |
|--|-----|-----|----|----|---|---|---|----|
| Compliance Status | | | | | | | 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 | D)(| 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | 寒 | 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 | 26% | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | |
| | | OUT | NA | NO | Proventing Contamination by Hands | | | |
| 6 | 滋 | 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 | × | 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 | |
| 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 | Ŕ | 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- | 0 | 0 | 2 |

| | | | | | Compliance Status | COS | R | WT |
|----|-----|-----|----|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 黨 | Proper cooking time and temperatures | 0 | 0 | 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 | 0 | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 245 | 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 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 2 | 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 HACCP plan | 0 | 0 | 5 |

O Yes 🕱 No

s, chemicals, and physical objects into foods.

L PRACTICES

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|----|-----|--|-----|---|----|
| | | OUT=not in compliance COS=corr | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Caro rocc and comes | | | _ |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | | 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 control | 0 | 0 | 1 |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | Т |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 7 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 7 |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | 7 |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | 1 |
| 37 | 338 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 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 Utensiis | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | - |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 7 |
| 43 | 0 | | 0 | 0 | r |
| | | Gloves used properly | 0 | 0 | _ |

| pect | | R-repeat (violation of the same code provision Compliance Status | COS | R | W |
|------|-----|--|-------|------|-----|
| | OUT | Utensils and Equipment | 1000 | - 11 | |
| 45 | 涎 | 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 | 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 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 2% | Physical facilities installed, maintained, and clean | 0 | 0 | 1 |
| 54 | 羅 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | Г, |
| 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 | - 100 | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ (|
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

conspicuous manner. You have the right to request a h 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. in (10) days of the date of th

Signature of Person In Charge

03/31/2022 Date Signature of Environmental Health Specialist 03/31/2022

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

Free food safety training classes are available each month at the county health department. Please call () 4232098110 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | |
|--|------------------------------|------------------------------|------------------------|----------|
| Establishment Name: Fireside Grille | | | | |
| Establishment Number #: [605248539 | | | | |
| | | | | |
| NSPA Survey – To be completed if Age-restricted venue does not affirmatively resi | | e facilities at all times to | | |
| twenty-one (21) years of age or older. | | | | |
| Age-restricted venue does not require each per | rson attempting to gain entr | y to submit acceptable f | orm of identification. | |
| "No Smoking" signs or the international "Non-S | moking" symbol are not con | spicuously posted at ev | ery entrance. | |
| Garage type doors in non-enclosed areas are n | not completely open. | | | |
| Tents or awnings with removable sides or vents | s in non-enclosed areas are | not completely remove | d or open. | |
| Smoke from non-enclosed areas is infiltrating in | nto areas where smoking is | prohibited. | | |
| Smoking observed where smoking is prohibited | l by the Act. | | | |
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| Warewashing Info | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fai | renhelt) |
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| Equipment Temperature | | | | |
| Description | | | Temperature (Fah | renhelt) |
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| Food Temperature | | | | |
| Description | | State of Food | Temperature (Fah | renhelt) |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Name: Fireside Grille | |
|--|-----------------------------------|
| Establishment Number: 605248539 | |
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| Comments/Other Observations | |
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| Comments/Other Observations (cont'd) Additional Comments (cont'd) | Establishment Name: Fireside Grille | |
| Additional Comments (cont'd) | Establishment Number: 605248539 | |
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| Establishment Information | | | | | | | |
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| Establishment Name: Fireside Grille | | | | | | | |
| Establishment Number #: 605248539 | | | | | | | |
| Sources | 7 | | | | | | |
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| Additional Comments | | | | | | | |
| **Priority items # 1,6,13,14,21 corrected. See original | report dated 3/21/22.** | | | | | | |
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