# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

663

|  |   | FOOD SER   | VICE ESTA             | BL    | ISI     | IM         | EN'     | TI     | NSI     | PEC      | TIC       | DN REPORT  | SCO                  | RE       |       |         |
|--|---|--|-----------------------|-------|---------|------------|---------|--------|---------|----------|-----------|--|----------------------|----------|-------|---------|
| PAULT C  |   |  |                       |       |         |            |         |        |         |          |           |  |                      |          | 7     |         |
| Establishment Name Mellow Mushroom O Fermer's Merket Food Unit Permanent O Mobile  |   |  |                       |       |         |            | /       |        |         |          |           |  |                      |          |       |         |
| Address 2318 Lifestyle Way 0 Seasonal  |   |  |                       |       |         |            |         |        |         |          |           |  |                      |          |       |         |
| City Chattanooga Time in 02:22 PM AM / PM Time out 03:02; PM AM / PM   |   |  |                       |       |         |            |         |        |         |          |           |  |                      |          |       |         |
| Inspection Date  | 11/09/2                                       | 022 Establishment  | 60521977              | 0     |         |            | Emb     | argoe  | e C     | )        |           |  |                      |          |       |         |
| Purpose of Inspect   |   | O Follow-up  | O Complaint           |       |         | _          | elimir  |        |         |          | Cor       | nsultation/Other   |                      |          |       |         |
| Risk Category  | <b>O</b> 1                                    | 882  | 03                    |       |         | <b>O</b> 4 |         |        |         | Fo       | low-      | up Required O Yes 貿 No   | Number of Se         | eats     | 25    | 7       |
|  |   |  |                       |       |         |            |         |        |         |          |           | to the Centers for Disease Contro<br>control measures to prevent illner  | ol and Prevent       | ion      |       |         |
|  |   | FOODBOR  | INE ILLNESS RI        | SK F  | ACT     | ors        | AND     | D PU   | BLIC    | HEA      | LTH       | INTERVENTIONS  |                      |          |       |         |
| IN=in compliance   | OUT=not in com                                |  |                       |       | llem    |            |         |        |         |          |           | ach Item as applicable. Deduct points for ca<br>pection R=repeat (violation of the                             |                      |          |       |         |
|  | c   | ompliance Status   | 10 10 000             |       | R       | WT         | ĨĒ      | _      | 1       |          |           | Compliance Status  | 1                    |          | R     | WT      |
| IN OUT NA  |   | Supervision  | inculates and         |       | _       |            |         | IN     | ουτ     | NA       | NO        | Cooking and Reheating of Time/T<br>Control For Safety (TCS) Fo   |                      |          |       |         |
| 1 嵐 0  | performs dutie                                | -  | knowledge, and        | 0     | 0       | 5          | 16      |        | 0       |          |           | Proper cooking time and temperatures   |                      | 8        | 0     | 5       |
| 2 X O  |   | Employee Health<br>ind food employee awaren                  | ess; reporting        | 0     | 0       |            | 17      | -      | 0       |          |           | Proper reheating procedures for hot holdin<br>Ceeling and Holding, Date Marking,                               |                      | 0        | 0     |         |
| 3 岌 0  | Proper use of                                 | restriction and exclusion                                    |                       | 0     | 0       | 5          |         | IN     | OUT     |          | NO        | a Public Health Contro   |                      |          |       |         |
| IN OUT NA  | NO Proper eating                              | Good Hygienic Practic<br>tasting, drinking, or tobacc        |                       | 0     | 0       |            |         | 0      | 0       | 8        |           | Proper cooling time and temperature<br>Proper hot holding temperatures   |                      | 8        |       |         |
| 5 嵐 0  | O No discharge f                              | rom eyes, nose, and mout                                     | h                     | ŏ     |         | 5          | 20      | 25     | 0       | 0        |           | Proper cold holding temperatures   |                      | 0        | 0     | 5       |
| IN OUT NA<br>6 赏 O   |   | enting Contamination I<br>nd properly washed                 | by Hands              | 0     | 0       |            |         | 1      |         | -        |           | Proper date marking and disposition  |                      | 0        |       | -       |
| 7 20 0   | o No bare hand                                | contact with ready-to-eat for                                | oods or approved      | ō     | o       | 5          | 22      | -      | 0       | 0        |           | Time as a public health control: procedure   | is and records       | ٥        | 0     |         |
| 8 🐹 0  | Handwashing                                   | dures followed<br>sinks properly supplied an                 | d accessible          |       | 0       | 2          | 23      |        | 0       | NA       | NO        | Consumer Advisory<br>Consumer advisory provided for raw and  | undercooked          | 0        | 0     | -       |
| IN OUT NA<br>9 🕱 O   |   | Approved Source<br>from approved source                      |                       | 0     | 0       |            |         | IN     | OUT     |          | NO        | food<br>Highly Susceptible Populat   | tions                | ~        | -     | _       |
| 10 0 0 0   | S Food received                               | at proper temperature  |                       | 0     | 0       |            | 24      | -      | 0       | 80       |           | Pasteurized foods used; prohibited foods   |                      | 0        | 0     | 5       |
| 11 💢 0   | Download const                                | ondition, safe, and unadul<br>ds available: shell stock ta   |                       | 0     | 0       | 5          | Ē       | -      | -       | -        |           |  | IN OICE              | ~        | ~     |         |
| 12 O O 😹<br>IN OUT NA  | destruction                                   | stection from Contami  |                       | 0     | 0       |            | -       | IN     | 001     | NA       |           | Chemicals  | 4                    | 0        |       |         |
| 13 2 0 0   |   | d and protected  | sation                | 0     | 0       | 4          | 20      | 0      | 6       |          |           | Food additives: approved and properly us<br>Toxic substances properly identified, store                        |                      | 0        |       | 5       |
| 14 炭 0 0   |   | urfaces: cleaned and sani                                    |                       | 0     | 0       | 5          |         | IN     | OUT     | NA       | NO        | Conformance with Approved Pr   |                      | _        | _     |         |
| 15 🔅 O Proper disposition of unsafe food, returned food not re-<br>served Served Compliance with variance, specialized process, and HACCP plan |   |  |                       |       |         | ٥          | 0       | 5      |         |          |           |  |                      |          |       |         |
|  | Good Retail Pra                               | stices are preventive  | measures to co        | ontro | l the   | int:       | odu     | ction  | n of p  | patho    | gens      | , chemicals, and physical objects  | into foods.          |          |       |         |
|  |   |  |                       | GOO   | DD R    | ETA        | IL PR   | LACT   | fice:   | 5        |           |  |                      |          |       |         |
|  | OUT=not in complian                           | ce<br>Impliance Status                                       | COS=com               |       | R       |            | ; inspe | ection |         |          |           | R-repeat (violation of the same<br>Compliance Status   |                      | cos      | R     | WT      |
| OUT  | 51  | fe Food and Water  |                       |       |         |            |         | 0      | TUK     | _        |           | Utensils and Equipment   |                      |          |       |         |
|  | urized eggs used w<br>and ice from appro      |  |                       | 8     | 00      | 1          | 4       | 5      |         |          |           | nfood-contact surfaces cleanable, properly<br>and used   | / designed,          | 0        | 0     | 1       |
| 30 O Varia   |   | cialized processing metho<br>Temperature Control             | ds                    | Ō     | 0       | 1          | 4       | 6      | 18 V    | Narew    | ashin     | g facilities, installed, maintained, used, tes   | t strips             | 0        | 0     | 1       |
|  |   | sed; adequate equipment                                      | for temperature       | 0     | 0       | 2          | 4       | 7      | •       | Vonfoo   | d-cor     | tact surfaces clean  |                      | 0        | 0     | 1       |
| contro   | -   | d fac hat half a a   | -                     |       |         |            |         | _      | TUK     |          | e e e l e | Physical Facilities  |                      | ~        |       |         |
|  | food properly cooke<br>ved thawing methor     |  |                       | 8     | 8       | 1          | _       | _      | -       |          |           | water available; adequate pressure<br>talled; proper backflow devices  |                      | 8        | 허     | 2       |
|  | nometers provided a                           |  |                       | 0     | 0       | 1          |         |        |         |          |           | waste water properly disposed  |                      |          | 0     | 2       |
| 35 O Food  |   | ood identification   | and a second above    |       | 0       |            |         | _      |         |          |           | <ul> <li>properly constructed, supplied, cleaned</li> <li>properly dispaced, facilities, maintained</li> </ul> |                      |          | 0     | 1       |
| 35 O Food  |   | ginal container; required re<br>on of Food Contaminat        |                       | 0     | 0       | 1          |         |        | -       | -        |           | use properly disposed; facilities maintained<br>ities installed, maintained, and clean                         | ,                    | 0        | 0     | 1       |
|  | s, rodents, and anir                          |  |                       | 0     | 0       | 2          | . –     | _      | _       |          |           | ntilation and lighting; designated areas use   | ed                   | ŏ        | ŏ     | 1       |
| 37 O Conta   | mination prevented                            | during food preparation, s                                   | torage & display      | 0     | 0       | 1          |         | 4      | TUK     |          |           | Administrative items   |                      |          |       |         |
|  | nal cleanliness                               |  |                       | 0     | 0       | 1          |         |        |         |          | -         | nit posted   |                      | 0        | 0     | 0       |
|  | g cloths; properly us<br>ing fruits and veget |  |                       | 8     | 0       |            | 5       | 6      | 0 1     | vlost re | cent      | Compliance Status  |                      | O<br>YES |       | WT      |
| OUT  | Pro   | per Use of Utensils  |                       |       |         | -          |         |        |         |          |           | Non-Smokers Protection A   | ct                   |          |       |         |
|  | utensils; properly s<br>ils_equipment and l   | tored<br>inens; properly stored, drie                        | d bandled             | 8     | 0       |            |         | 7<br>8 |         |          |           | with TN Non-Smoker Protection Act<br>ducts offered for sale  |                      | 8        | 읭     | 0       |
| 43 O Single  | -use/single-service                           | articles; properly stored, une                               |                       | 0     | 0       | 1          | Ŀ       | š      |         |          |           | oducts onered for sale<br>oducts are sold, NSPA survey completed   |                      | ŏ        | ŏ     | Ť       |
| 44 O Gloves used properly O O 1  |   |  |                       |       |         |            |         |        |         |          |           |  |                      |          |       |         |
| service establishmen   | permit. Items identifie                       | d as constituting imminent h                                 | ealth hazards shall b | e com | icted i | immed      | liately | or op  | eratio  | ns shal  | ceas      | Repeated violation of an identical risk factor r<br>e. You are required to post the food service es            | tablishment permit   | in a c   | onspi | icuous  |
|  |   | report in a conspicuous mar<br>68-14-708, 68-14-709, 68-14-7 |                       |       |         | st a he    | aring   | regard | ting th | vis repo | rt by f   | iling a written request with the Commissioner v  | within ten (10) days | of the   | date  | of this |

| am  | 11/09/2022                                       |  | 11/09/2022 |  |  |  |  |
|---|--|--|------------|--|--|--|--|
| Signature of Person In Charge   | Date   | Signature of Environmental Health Specialist | Date       |  |  |  |  |
| **** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice **** |  |  |            |  |  |  |  |
|   | Erectional colory training classes are available | each month at the county health department   |            |  |  |  |  |

|  | Erec feed cofety training els | acces are available cash me | nth at the county health department. |         |
|--|-------------------------------|-----------------------------|--------------------------------------|---------|
| PH-2267 (Rev. 6-15)  | Free food safety training ck  | RDA 629                     |                                      |         |
| ( in the set of the se | Please call (                 | ) 4232098110                | to sign-up for a class.              | 1001020 |
|  |                               | ,                           | <b>V</b> 1                           |         |

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Mellow Mushroom Establishment Number #: 605219770

| Warewashing Info            |                |         |                           |  |  |  |  |
|-----------------------------|----------------|---------|---------------------------|--|--|--|--|
| Machine Name                | Sanitizer Type | PPM     | Temperature ( Fahrenheit) |  |  |  |  |
| Dish machine<br>Triple sink | Chlorine<br>QA | 50<br>0 |                           |  |  |  |  |

| Equipment l'emperature |                          |  |  |  |  |  |  |  |
|------------------------|--------------------------|--|--|--|--|--|--|--|
| Description            | Temperature (Fahrenheit) |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |
|                        |                          |  |  |  |  |  |  |  |

| Food Temperature               |               |                          |
|--------------------------------|---------------|--------------------------|
| Description                    | State of Food | Temperature (Fahrenheit) |
| Sliced cooked onions           | Cold Holding  | 40                       |
| Chicken wings                  | Cold Holding  | 40                       |
| Raw steak                      | Cold Holding  | 40                       |
| Mac and cheese                 | Hot Holding   | 145                      |
| Sliced tomatoes                | Cold Holding  | 40                       |
| Cut leafy greens               | Cold Holding  | 40                       |
| Marinera sauce                 | Hot Holding   | 150                      |
| Crumbled sausage               | Cold Holding  | 40                       |
| Sliced chicken                 | Cold Holding  | 40                       |
| Meatball                       | Cold Holding  | 40                       |
| Chicken wing in walk in cooler | Cold Holding  | 37                       |
| Diced ham                      | Cold Holding  | 40                       |
|                                |               |                          |
|                                |               |                          |
|                                |               |                          |

#### Observed Violations

Total # 3

Repeated # ()

41: In-use utensils stored in standing water. Must be stored dry, in hot water, or in running well.

45: Cutting board heavily scorred.

46: No QA test strips.

## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



## Establishment Information

Establishment Name: Mellow Mushroom

Establishment Number : 605219770

#### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.

- 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 handwashing 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) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: Proper hot holding temperatures observed.
- 20: Proper cold holding temperatures observed.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 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:

\*\*\*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: Mellow Mushroom

Establishment Number : 605219770

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Mellow Mushroom

Establishment Number # 605219770

| Sources      |       |         |        |
|--------------|-------|---------|--------|
| Source Type: | Water | Source: | Public |
| Source Type: | Food  | Source: | PFG    |
| Source Type: |       | Source: |        |
| Source Type: |       | Source: |        |
| Source Type: |       | Source: |        |

# Additional Comments