TENNESSEE DEPARTMENT OF HEALTH

| | | | 3 | | FOOD SERVICE ESTA | BL | ISH | IME | ENT | r 11 | NS | PEC | TI | ON REPORT SCO | RE | | |
|--------------------|---------------------|--------------|---------------|--------|--|---------|----------|------------|----------|---------|----------|----------------------|---------|--|----------|---------------|---------|
| No. | | 11 | A. C. C. | | | | | | | | | | | O Fermer's Market Food Unit | | | |
| Establishment Name | | | t Nar | ne | Vally's Type of Establishment O Mobile | | | | | | | | | | | | |
| Add | Address | | | | 6521 Ringgold Rd. O Temporary O Seasonal | | | | | | | | | | | | |
| City | Chattanooga Time in | | | 01 | L:4 | 5 F | M | A | M/P | м ті | me o | ut 02:15: PM AM / PM | | | | | |
| Insp | ectic | n Da | rte | | 02/25/2022 Establishment # 60514227 | 7 | | | Emba | argoe | d (|) | | | | | |
| Purp | ose | of In | spec | | ORoutine ∰Follow-up OComplaint | | | O Pr | elimin | ary | - | c | Co | nsuitation/Other | | | |
| Risi | Cat | egor | | | O1 32 O3 | | | O 4 | | | | | | up Required O Yes 鏡 No Number of S | | 30 | 0 |
| | | R | isk I | | ors are food preparation practices and employee contributing factors in foodborne illness outbreak | | | | | | | | | | tion | | |
| | | | | | FOODBORNE ILLNESS RI | | | | | | | | | | | | |
| IN | •in c | (CD ompli | | elgne | ted compliance status (IK, OUT, KA, KO) for each numbered item OUT=not in compliance NA=not applicable NO=not observe | | Rema | | | _ | | | | spection Rerepeat (violation of the same code provis | |) | |
| _ | | 01/7 | | | Compliance Status | COS | R | WT | | | _ | _ | | Compliance Status | cos | R | WT |
| - | IN 鼠 | 001 | NA | NO | Supervisien Person in charge present, demonstrates knowledge, and | 0 | | _ | | IN | 001 | r na | NO | Cooking and Roheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 1 | | - | NA | NO | performs duties Employee Health | 0 | 0 | 5 | 16 17 | 00 | 8 | | | Proper cooking time and temperatures Proper reheating procedures for hot holding | 8 | 00 | 5 |
| | Ř | 0 | | | Management and food employee awareness; reporting | | 8 | 5 | | IN | our | | NO | Cooling and Holding, Date Marking, and Time as | | | |
| 3 | 実 IN | | NA | NO | Proper use of restriction and exclusion Good Hygienic Practices | 0 | | _ | 18 | 0 | 0 | 0 | 23 | Public Health Control Proper cooling time and temperature | 0 | 0 | |
| | 邕 | | | | Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth | 0 | 0 | 5 | 19 20 | | 8 | | õ | Proper hot holding temperatures Proper cold holding temperatures | | 0 | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | | X | | ŏ | 0 | Proper date marking and disposition | ŏ | ŏ | 5 |
| 6 | 直区 | 0 | 0 | 0 | Hands clean and properly washed No bare hand contact with ready-to-eat foods or approved | 0 | 0 | 5 | 22 | | 0 | 100 | | Time as a public health control: procedures and records | 0 | 0 | |
| 8 | 25 | 0 | | - | alternate procedures followed Handwashing sinks property supplied and accessible | | 0 | 2 | 23 | IN O | 00 | | NO | Consumer Advisory Consumer advisory provided for raw and undercooked | 0 | 0 | 4 |
| _ | IN 宸 | | NA | NO | Approved Source Food obtained from approved source | 0 | 0 | _ | F | IN | 001 | | NO | food Highly Susceptible Populations | ľ | _ | - |
| 10 | | 0 | 0 | × | Food received at proper temperature Food in good condition, safe, and unadulterated | 0 | | 5 | 24 | 0 | 0 | | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | õ | 0 | × | 0 | Required records available: shell stock tags, parasite | ŏ | ŏ | | | IN | our | NA | NO | Chemicals | | | |
| | IN | | NA | NO | Protection from Contamination | | | | 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| | 夏送 | 00 | | | Food separated and protected Food-contact surfaces: cleaned and sanitized | 8 | 8 | 5 | 26 | 宸 IN | 0 | _ | NO | Toxic substances properly identified, stored, used Conformance with Approved Procedures | 0 | 0 | |
| 15 | 篾 | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |
| _ | _ | _ | _ | Gov | d Retail Practices are preventive measures to co | atro | l the | inte | oduc | tion | of | natho | | s, chemicals, and physical objects into foods. | - | | |
| | | | | | - | 600 | | | | | _ | | 9 e 114 | , chemicals, and physical objects into rooms. | | | |
| | | | | OU | T=not in compliance COS=come | cted o | | during | | | | ··· | | R-repeat (violation of the same code provision) | Loos | | WT |
| | | OUT | | | Compliance Status Safe Food and Water | | <u> </u> | | | 0 | UT | | | Compliance Status Utensils and Equipment | 0.00 | R | WI |
| 2 | | | | | ed eggs used where required fice from approved source | 8 | 8 | 1 | 4 | 5 1 | | | | property designed, and used | 0 | 0 | 1 |
| 3 | - | 0 OUT | | ince | obtained for specialized processing methods Food Temperature Control | ŏ | Õ | ĩ | 4 | 6 1 | | | | g facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 3 | _ | 0 | Prop | | oling methods used; adequate equipment for temperature | 0 | 0 | 2 | 4 | _ | | Nonfoo | d-cor | ntact surfaces clean | 0 | 0 | 1 |
| 3 | | 0 | contr Plan | | properly cocked for hot holding | - | 0 | | 4 | | | Hot and | 1 cold | Physical Facilities I water available; adequate pressure | 0 | | 2 |
| 3 | _ | | <u> </u> | | thawing methods used eters provided and accurate | 0 | 0 | 1 | 4 | _ | _ | | | stalled; proper backflow devices I waste water properly disposed | 0 | 0 | 2 |
| | - | OUT | | | Food Identification | Ŭ | | _ | 5 | | _ | | | es: properly constructed, supplied, cleaned | | ŏ | 1 |
| 3 | - | | Food | i prop | erly labeled; original container; required records available | 0 | 0 | 1 | 5 | | - | | · | use properly disposed; facilities maintained | 0 | 0 | 1 |
| 3 | _ | 001 | Inse | ts n | Prevention of Food Contamination | 0 | 0 | 2 | 5 | -+- | | | | lities installed, maintained, and clean entilation and lighting; designated areas used | 0 | 0 0 | 1 |
| 3 | - | - | | | ation prevented during food preparation, storage & display | 0 | 0 | 1 | F | - | UT NUT | - secolor | 10.10 | Administrative Items | F | _ | |
| 3 | _ | | | | cleanliness | 0 | 0 | - | 5 | | _ | Oument | t pern | nit posted | 0 | 0 | |
| 3 | 9 | Ó | Wipi | ng ck | ths; properly used and stored | 0 | 0 | 1 | | _ | _ | | - | inspection posted | 0 | 0 | 0 |
| 4 | - | OUT | | | ruits and vegetables Proper Use of Utensils | 0 | 0 | 1 | \vdash | | | | | Compliance Status Non-Smokers Protection Act | TES | NO | WT |
| 4 | _ | | | | nsils; properly stored supprent and linens; properly stored, dried, handled | 8 | 8 | | 5 | | | | | with TN Non-Smoker Protection Act ducts offered for sale | 8 | 8 | 0 |
| - 4 | _ | 0 | Sing | e-use | visingle-service articles; properly stored, used ed properly | 0 | ĕ | 1 | 5 | 9 | | | | roducts are sold, NSPA survey completed | | ŏ | - |
| | | | | | ations of risk factor items within ten (10) days may result in suspen | | | _ | servic | | ablist | mente | ermit | Repeated violation of an identical risk factor may result in reco | cation | of we | ur food |
| serv | ce es | tabli | shmer | t per | nit, items identified as constituting imminent health hazards shall be recent inspection report in a conspicuous manner. You have the rig | e corre | cted is | mmed | iately | or op | eratio | ns shal | l ceas | e. You are required to post the food service establishment permi | t in a i | consp | icuous |
| | | | | | 14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-7 | | | | | - | - | | - | E Olo | | | |
| | | 0 | > | -t | ->* 02/2 | 2/2 | 022 |) | | - (| Δ | \sim | | | 02/2 | $\frac{5}{2}$ | 2022 |

| 22 | And. Elly | |
|------|--|---|
| Date | Signature of Environmental Health Specialist | 1 |

02/25/2022

| | _ | | |
|-----------|----|--------|-----------|
| Signature | of | Person | In Charge |

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

| PH-2267 (Rev. 6-15) | Free food safety training class | es are available each mor | th at the county health department. | RDA 629 |
|---------------------|---------------------------------|---------------------------|-------------------------------------|---------|
| 1192201 (Nev. 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

Establishment Name: Wally's Establishment Number #: 605142277

| 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 | | | | | |
|------------------|----------------|-----|--------------------------|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | |
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| Equipment l'emperature | | |
|------------------------|--------------------------|--|
| Description | Temperature (Fahrenheit) | |
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| Food Temperature | State of Food | Temperature (Fahrenheit | |
|------------------|---------------|-------------------------|--|
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| Observed Violations | _ |
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| epeated # () | |
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| 6: | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Wally's

Establishment Number : 605142277

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.

| Establishmen | t Information |
|-----------------|---------------|
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Establishment Name: Wally's

Establishment Number : 605142277

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Wally's
Establishment Number # 605142277

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments

Priority item # 20 corrected. See original report dated 2/17/22.