TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

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|-------------|----------|---------------|---------------|------------|-------------------------------|--|-----------------------|--------------------|--------|----------|----------|----------|------------|-----------|-----------|----------|--|-----------|--------|---|
| | | | | | Portofino |)'s | | | | | | | | | | | O Farmer's Market Food Unit | | | |
| Esti Add | | hmen | t Nar | | 6407 Rin | nggold Rd. | | | | | | _ | Тур | e of E | stabli | shme | ent Permanent O Mobile O Temporary O Seasonal | | J | WT 5 5 5 5 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 |
| City | | , | | | Chattano | | | Time in | 11 | :15 | 5 A | M | 41 | 4 / Ph | t Tie | na /1 | t <u>11:30;AM</u> AM/PM | | | |
| , | | on Da | de. | | 07/30/2 | 2020 Estat | blishmant # | | | | | | - | d 0 | | | Pany+ m | | | |
| | | of In | | | ORoutine | A Follow | | O Complaint | | | O Pre | | - | - | | Cor | nsultation/Other | | | |
| | | tegon | | | 01 | \$162 | | 03 | | | 04 | | , | | Fo | low- | up Required O Yes 賞 No Number o | f Seats | 12 | 26 |
| | | | isk I | | | | | | | | | | | | | | to the Centers for Disease Control and Prev control measures to prevent illness or injury | ention | | |
| | | | | 450 | oncrimening | | | | | | | | | | _ | | INTERVENTIONS | | | |
| | | | | algna | | status (IN, OUT, I | HA, HO) for ea | ch numbered iten | . For | | mark | M 0U | T, m | irk CO | S or R | for e | ach item as applicable. Deduct points for category or sub- | |) | |
| IN | Fin c | ompli | ance | _ | OUT=not in con | mplance NA=no Compliance St | t applicable tatus | NO=not observe | cos | R | | \$=cor | recte | d on-si | te duni | ng ins | pection R=repeat (violation of the same code pro Compliance Status | | R | WT |
| | _ | OUT | NA | NO | Decree is she | Super | | - de de se e d | | | | | IN | ουτ | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 1 | × | 0 | | | performs dutie | | | owiedge, and | 0 | 0 | 5 | | 0 | 0 | | | Proper cooking time and temperatures | 0 | 8 | 5 |
| 2 | X | OUT | NA | NO | Management | Employe and food employ | | s; reporting | 0 | | 5 | " | ≅ o | O OUT | | NO | Proper reheating procedures for hot holding Cooling and Holding, Date Marking, and Time a | _ | 0 | <u> </u> |
| 3 | 8 | O OUT | | NO | Proper use of | restriction and e | | | 0 | 0 | <u> </u> | | | | | | a Public Health Control | | | |
| 4 | X | 0 | NA | 0 | | Good Hygleni 1. tasting, drinking | , or tobacco u | | | 0 | 5 | 19 | | 0 | 0 | 0 | Proper cooling time and temperature Proper hot holding temperatures | 10 | 00 | |
| 5 | | 0 OUT | NA | NO | Prev | from eyes, nose, venting Centan | nination by | Hands | 0 | 0 | - | 20 21 | <u> </u> | 8 | 8 | | Proper cold holding temperatures Proper date marking and disposition | - 8 | 00 | 5 |
| | <u>×</u> | | _ | | Hands clean a | and properly was contact with rea | hed | | 0 | - | 5 | 22 | 0 | 0 | × | 0 | Time as a public health control: procedures and records | 0 | 0 | 1 |
| 7 | 邕 | 0 | 0 | 0 | alternate proc | edures followed sinks properly si | | | 0 | 0 | 2 | | IN | OUT | _ | NO | Consumer Advisory Consumer advisory provided for raw and undercooked | - | | |
| | IN | OUT O | NA | NO | | Approved d from approved | Source | | | | 1 | 23 | × × | O OUT | O NA | | food Highly Susceptible Populations | 0 | 0 | 4 |
| 10 | 0 | 0 | 0 | 2 | Food received | d at proper tempe | erature | | 0 | 0 | | 24 | - | 0 | 200 | _ | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| 11 12 | <u>×</u> | 0 0 | 80 | 0 | Required reco | condition, safe, a ords available: sh | | | 0 0 | 0 0 | 5 | H | IN | OUT | NA | NO | Chemicals | - | Ľ | |
| | | OUT | | - | destruction | rotection from | Contaminat | tion | - | | _ | 25 | 0 | 0 | 20 | | Food additives: approved and properly used | 0 | 0 | |
| 13 | 急受 | 0 0 | 0 | | | ed and protected surfaces: cleane | | vi . | 0 | 0 | 4 | 26 | <u>美</u> N | O OUT | NA | NO | Taxic substances properly identified, stored, used Conformance with Approved Procedures | 0 | 0 | L°. |
| | ž | | Ŭ | 1 | Proper dispos | sition of unsafe fo | | | ō | ō | 2 | 27 | _ | 0 | 22 | | Compliance with variance, specialized process, and | 0 | 0 | 5 |
| | | | | | served | | | | | | | | | | | | HACCP plan | | | |
| | | | | Goo | d Retail Pra | actices are pr | eventive m | easures to co | | | | | | | | gens | , chemicals, and physical objects into foods. | | | |
| | | | | 00 | T=not in complia | ance | | COS=corre | cted o | n-site (| őuring | | | ICES | ; | | R-repeat (violation of the same code provision |) | | |
| _ | _ | OUT | | | | ompliance St afe Food and V | | | COS | R | WT | | 0 | UT | | | Compliance Status Utensils and Equipment | COS | R | WT |
| | 8 9 | | | | d eggs used w | where required | | | 8 | 8 | 1 | 4 | | ar Fo | | | nfood-contact surfaces cleanable, properly designed, and used | 0 | 0 | 1 |
| | 0 | | | | obtained for sp | ecialized process d Temperature | | | ŏ | ŏ | 1 | 40 | ; (| | | | g facilities, installed, maintained, used, test strips | 6 | 0 | 1 |
| 3 | 4 | | Prop | er co | | used; adequate (| | temperature | 0 | 0 | 2 | 47 | 1 8 | B N | onfood | s-con | itact surfaces clean | 0 | 0 | 1 |
| | 2 | - | contr Plan | | property cook | ed for hot holding | 1 | | - | 0 | - | 48 | | υτ D ⊟ | ot and | loold | Physical Facilities | - | 0 | 2 |
| 3 | 3 | 0 | Appr | oved | thawing metho | ods used | , | | 0 | 0 | 1 | 45 | 1 | R PI | umbin | ig ins | stalled; proper backflow devices | Ő | Ō | 2 |
| 3 | 4 | O OUT | Ther | mome | eters provided | and accurate Food Identifica | tion | | 0 | 0 | 1 | 50 | | - | | | waste water properly disposed is: properly constructed, supplied, cleaned | 8 | 00 | |
| 3 | 5 | _ | Food | i prop | | riginal container; | | rds available | 0 | 0 | 1 | 53 | _ | | | | use properly disposed; facilities maintained | 0 | ō | |
| | | OUT | | | Preventi | ion of Feed Co | ntamination | 1 | | | | 53 | 5 | o Pi | hysica | l faci | ities installed, maintained, and clean | 0 | 0 | 1 |
| 3 | 6 | 0 | Inse | cts, ro | dents, and ani | imals not present | 1 | | 0 | 0 | 2 | 54 | 1 0 | 0 A | dequa | te ve | ntilation and lighting; designated areas used | 0 | 0 | 1 |
| 3 | 7 | | | | | d during food pre | paration, store | age & display | 0 | 0 | 1 | | 0 | υτ | | | Administrative items | | _ | |
| | 8 9 | in the second | | | teanliness | ised and stored | | | 0 | 0 | 1 | 55 | _ | | | | nit posted inspection posted | 8 | 00 | 0 |
| _ | 0 | | | <u> </u> | ruits and veget | | | | | ŏ | | Ē | | 0 100 | 0.05 1.01 | o o na n | Compliance Status | YES | NO | WT |
| 4 | | OUT | le ur | ia i da | Pr nsils; properly : | roper Use of Ut | ensils | | 0 | 0 | _ | 57 | | | - m e E a | | Non-Smokers Protection Act with TN Non-Smoker Protection Act | | | |
| _ | 2 | 0 | Uten | sils, e | quipment and | linens; properly s | | | 0 | 0 | 1 | 58 | 5 | | | | ducts offered for sale | 8 | 00 | 0 |
| | 3 4 | | | | single-service ed properly | e articles; propert | y stored, used | d | | 8 | | - 58 | F | T | tobaco | co pre | oducts are sold, NSPA survey completed | 0 | 0 | 1 |
| | | | | | | ntes literate solution es | n (10) dans an | | | | _ | | | b.T.c. | and on | and a | Received violation of an ideation data from a second to the | | | |
| serv | ice e | stablis | hmer | t perm | nit. Items identifi | fed as constituting | imminent heal | th hazards shall b | corre | cted in | mmedi | ately o | or ope | ration | s shall | cease | Repeated violation of an identical risk factor may result in re e. You are required to post the food service establishment pe | mit in a | consp | picuous |
| | | | | | | on report in a consp 6, 68-14-708, 68-14- | | | | | ahea | ning n | egard | ing thi | s repor | t by f | lling a written request with the Commissioner within ten (10) d | nys of th | e date | of this |
| | N | IA | | C_{τ} | ovid | | | 07/3 | 30/2 | 020 |) | | 4 | In | lus | ρ. | Eller | 07/3 | 30/2 | 2020 |
| Sig | natu | re of | Pers | ion In | Charge | | | | | | Date | Sig | - | | | | ental Health Specialist | | | Date |
| | | | | | | | | | | | | | | | | | ealth/article/eh-foodservice | | | |

| PH-2267 (Rev. 6-15) | Free food safety training of | RDA 629 | | |
|---------------------|------------------------------|--------------|-------------------------|---------|
| (19220) (Nev. 0-10) | Please call (|) 4232098110 | to sign-up for a class. | hDr 025 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Portofino's Establishment Number #: 605250938

| Warewashing Info | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | |
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| Equipment Temperature | | | | | | |
|-----------------------|---------------------------------------|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | |
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| ecoription | State of Food | Temperature (Fahrenheit | | |
|------------|---------------|--------------------------|--|--|
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| Observed Violations | | |
|---------------------|------|--|
| Total # 4 | | |
| Repeated # 0 | | |
| 39: | | |
| 45: | | |
| +J. 47. | | |
| 47: | | |
| 49: | | |
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Establishment Information

Establishment Name: Portofino's Establishment Number : 605250938

Establishment Number . 605250938

| Comments/Other Observations | |
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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: Portofino's

Establishment Number: 605250938

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Portofino's
Establishment Number # 605250938

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

Additional Comments

Priority items # 20,21 corrected. See original report dated 7/21/20.