

TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

98

Establishment Name	River Street Deli		Type of Establishment	<input checked="" type="radio"/> Farmer's Market Food Unit			
Address	151 River St.			<input checked="" type="radio"/> Permanent	<input type="radio"/> Mobile	98	
City	Chattanooga	Time in	01:15 PM	AM / PM	Time out		01:35 PM
Inspection Date	09/02/2022	Establishment #	605120701	Embargoed	0		
Purpose of Inspection	<input type="radio"/> Routine	<input checked="" type="radio"/> Follow-up	<input type="radio"/> Complaint	<input type="radio"/> Preliminary	<input type="radio"/> Consultation/Other		
Risk Category	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	Follow-up Required	<input type="radio"/> Yes <input checked="" type="radio"/> No	
						Number of Seats 49	

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public Health Interventions** are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COB or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance		OUT=not in compliance		NA=not applicable		NO=not observed		COS=corrected on-site during inspection				R=repeat (violation of the same code provision)										
Compliance Status								COS	R	WT	Compliance Status								COS	R	WT	
	IN	OUT	NA	NO	Supervision							IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties			<input type="checkbox"/>	<input type="checkbox"/>	5	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures			<input type="checkbox"/>	<input type="checkbox"/>	5	
	IN	OUT	NA	NO	Employee Health						17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			<input type="checkbox"/>	<input type="checkbox"/>		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting			<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion			<input type="checkbox"/>	<input type="checkbox"/>		18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature			<input type="checkbox"/>	<input type="checkbox"/>	5	
	IN	OUT	NA	NO	Good Hygienic Practices						19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			<input type="checkbox"/>	<input type="checkbox"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			<input type="checkbox"/>	<input type="checkbox"/>	5	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures			<input type="checkbox"/>	<input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No discharge from eyes, nose, and mouth			<input type="checkbox"/>	<input type="checkbox"/>		21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition			<input type="checkbox"/>	<input type="checkbox"/>		
	IN	OUT	NA	NO	Preventing Contamination by Hands						22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records			<input type="checkbox"/>	<input type="checkbox"/>		
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed			<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Consumer Advisory						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed			<input type="checkbox"/>	<input type="checkbox"/>		23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consumer advisory provided for raw and undercooked food			<input type="checkbox"/>	<input type="checkbox"/>	4	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible			<input type="checkbox"/>	<input type="checkbox"/>	2		IN	OUT	NA	NO	Highly Susceptible Populations						
	IN	OUT	NA	NO	Approved Source							IN	OUT	NA	NO	Chemicals						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source			<input type="checkbox"/>	<input type="checkbox"/>	5	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered			<input type="checkbox"/>	<input type="checkbox"/>	5	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			<input type="checkbox"/>	<input type="checkbox"/>				IN	OUT	NA	NO	Food additives, approved and properly used			<input type="checkbox"/>	<input type="checkbox"/>	5
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and undiluted			<input type="checkbox"/>	<input type="checkbox"/>		26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used			<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction			<input type="checkbox"/>	<input type="checkbox"/>				IN	OUT	NA	NO	Conformance with Approved Procedures					
	IN	OUT	NA	NO	Protection from Contamination						27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan			<input type="checkbox"/>	<input type="checkbox"/>	5	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected			<input type="checkbox"/>	<input type="checkbox"/>	4												
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized			<input type="checkbox"/>	<input type="checkbox"/>	5												
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served			<input type="checkbox"/>	<input type="checkbox"/>	2												

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

OUT=not in compliance

COS=corrected on-site during inspection

Compliance Status				COS	R	WT
	OUT	Safe Food and Water				
28	<input type="radio"/>	Pasteurized eggs used where required		<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source		<input type="radio"/>	<input type="radio"/>	2
30	<input type="radio"/>	Variance obtained for specialized processing methods		<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control				
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control		<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/>	Plant food properly cooked for hot holding		<input type="radio"/>	<input type="radio"/>	1
33	<input type="radio"/>	Approved thawing methods used		<input type="radio"/>	<input type="radio"/>	1
34	<input type="radio"/>	Thermometers provided and accurate		<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification				
35	<input type="radio"/>	Food properly labeled; original container; required records available		<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination				
36	<input type="radio"/>	Insects, rodents, and animals not present		<input type="radio"/>	<input type="radio"/>	2
37	<input type="radio"/>	Contamination prevented during food preparation, storage & display		<input type="radio"/>	<input type="radio"/>	1
38	<input type="radio"/>	Personal cleanliness		<input type="radio"/>	<input type="radio"/>	1
39	<input type="radio"/>	Wiping cloths: properly used and stored		<input type="radio"/>	<input type="radio"/>	1
40	<input type="radio"/>	Washing fruits and vegetables		<input type="radio"/>	<input type="radio"/>	1
	OUT	Proper Use of Utensils				
41	<input checked="" type="radio"/>	In-use utensils; properly stored		<input type="radio"/>	<input type="radio"/>	1
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled		<input type="radio"/>	<input type="radio"/>	1
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used		<input type="radio"/>	<input type="radio"/>	1
44	<input type="radio"/>	Gloves used properly		<input type="radio"/>	<input type="radio"/>	1

R-repeat (violation of the same code provision)

Compliance Status				COS	R	WT
	OUT	Utensils and Equipment				
45	<input checked="" type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		<input type="radio"/>	<input type="radio"/>	1
46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips		<input type="radio"/>	<input type="radio"/>	1
47	<input type="radio"/>	Nonfood-contact surfaces clean		<input type="radio"/>	<input type="radio"/>	1
	OUT	Physical Facilities				
48	<input type="radio"/>	Hot and cold water available; adequate pressure		<input type="radio"/>	<input type="radio"/>	2
49	<input type="radio"/>	Plumbing installed; proper backflow devices		<input type="radio"/>	<input type="radio"/>	2
50	<input type="radio"/>	Sewage and waste water properly disposed		<input type="radio"/>	<input type="radio"/>	2
51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned		<input type="radio"/>	<input type="radio"/>	1
52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained		<input type="radio"/>	<input type="radio"/>	1
53	<input type="radio"/>	Physical facilities installed, maintained, and clean		<input type="radio"/>	<input type="radio"/>	1
54	<input type="radio"/>	Adequate ventilation and lighting; designated areas used		<input type="radio"/>	<input type="radio"/>	1
	OUT	Administrative Items				
55	<input type="radio"/>	Current permit posted		<input type="radio"/>	<input type="radio"/>	0
56	<input type="radio"/>	Most recent inspection posted		<input type="radio"/>	<input type="radio"/>	
		Compliance Status		YES	NO	WT
		Non-Smokers Protection Act				
57		Compliance with TN Non-Smoker Protection Act		<input checked="" type="radio"/>	<input type="radio"/>	
58		Tobacco products offered for sale		<input type="radio"/>	<input type="radio"/>	0
59		If tobacco products are sold, NSPA survey completed		<input type="radio"/>	<input type="radio"/>	

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, 68-14-704, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

	09/02/2022		09/02/2022
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> ****

Establishment Number #: 605120701

Smoking observed where smoking is prohibited by the Act.

Temperature (Fahrenheit)

Temperature (Fahrenheit)

Temperature (Fahrenheit)

41

41

41

Observed Violations**Total #** 2**Repeated #** 0

41:

45:

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: River Street Deli

Establishment Number : 605120701

Comments/Other Observations

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***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.

***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: River Street Deli

Establishment Number : 605120701

Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

Establishment Information	
Establishment Name:	River Street Deli
Establishment Number #:	605120701

Sources

Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:

Additional Comments

Cold holding temperatures are within range today. Date marking is observed within approved date range, and all toxics are properly labeled as to contents.