TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

10	7 25																	
	R.																	
C & K Snowy Delights (Mohile)														O Fermer's Market Food	Unit			
Establishment Name C & K Snowy Delights (Mobile)									Typ	xe of E	Establi	shme	ent O Permanent XMo	bile	99			
Address 8986 Wandering Way													O Temporary O See					
City Ooltewah Time in						0	5:5	5 F	PM	_ A1	M/P	M Tir	me ou	л <u>06:15</u> :РМ А	M / PM			
Inspection	Date	(07/23/202	22 Establishment #	60530984	5			Emba	argoe	d 0)						
Purpose of	Inspect		Routine	O Follow-up	O Complaint			_	elimin) Cor	nsultation/Other				
Risk Categ	pory	2	XX1	02	O 3			04				Fo	low-	up Required O Yes	窥No Nu	mber of Sea	ts	
														to the Centers for Dise control measures to pre			'n	
														INTERVENTIONS				
							r item:			_				ach Item as applicable. Deduc pection Rerepent (v				
IN=in com	piance	_		e NA=not applicable liance Status	NO=not observe		R			mecte	d on-s	ne dun	ng ins	Compliance Stat	iolation of the same co No			WT
	UT NA	NO	Decession in the second	Supervision			_			IN	ουτ	NA	NO	Cooking and Reheating Control For Safe		ature		
1 氮 (Person in charge pr performs duties	esent, demonstrates k	nowledge, and	0	0	5		0	0	8		Proper cooking time and tem	peratures	- 0	8 8	5
2	D NA	NO	Management and fo	Employee Health od employee awarene	ss; reporting	0	0		17	0	0	25	-	Proper reheating procedures Ceeling and Holding, Der			010	
3 炭 (_		Proper use of restric			0	0	5		IN	OUT	NA	NO	a Public He	aith Control		_	
4 💥 🕻	D NA	NO O		d Hygienic Practice 1g. drinking, or tobacco		0	0			8	8	훐		Proper cooling time and temp Proper hot holding temperatu				-
5 🕱 🤇			No discharge from e	eyes, nose, and mouth		ŏ	ŏ	5	20	0	0	25		Proper cold holding temperat	ures		0 0	1.
6 🐹 🤇		_	Hands clean and pr	operly washed	y riangs	0	0			0	0	<u></u>		Proper date marking and disp Time as a public health contr				1
7 氮 (0	0	No bare hand conta alternate procedure	ct with ready-to-eat for s followed	ods or approved	0	0	5	-	IN		NA	-	Consumer		ecords (10	
8 🐹 🤇	D III NA		Handwashing sinks	properly supplied and Approved Source	accessible	0	0	2	23	_	0	12		Consumer advisory provided food		oked (0	4
9 🕱 🤇	_		Food obtained from				0			IN	OUT	NA	NO	Highly Suscepti	ble Populations		_	-
10 0 0			Food received at pro Food in good condit	oper temperature ion, safe, and unadulte	rated	8	0	5	24	0	0	x		Pasteurized foods used; pro?	iibited foods not offe	red C	0	5
12 0 0	_	0	Required records av	vailable: shell stock tag		ō	ō			IN	OUT	NA	NO	Chem	lcals		_	-
IN O	UT NA	NO	destruction Protect	tion from Contamin	ation				25	0	0	X		Food additives: approved and	d properly used	- 0	0	6
13 夏(14 宾(88		Food separated and Ecod-contact surface	f protected es: cleaned and saniti	zed	8	0	4	26	S IN	O OUT	NA	NO	Toxic substances properly id Conformance with A				1 -
15 复(_			f unsafe food, returned		6	-	2	27	-	0	_		Compliance with variance, sp		e.d.	0	5
			served			Ŭ	Ŭ	-	-	Ŭ	Ŭ	~		HACCP plan			- 10	Ľ
		Goo	d Retail Practice	is are preventive i	measures to co	ontro	ol the	intr	oduc	ction	of p	atho	gens	, chemicals, and physic	al objects into f	oods.		
		010	T=not in compliance		COS=corre		OD R					3		P-repart - intals	on of the same code pr			
		00	Compl	liance Status	003-0016		R		Ē					Compliance Str	itus		OS R	WT
	UT D Paste	urize	Sate F d eggs used where r	eed and Water required		0	0	1			NUT O ^F	ood ar	nd no	Utensils and Equip nfood-contact surfaces clean		ed.		L
29 (Wate	r and	ice from approved s	iource ed processing method	é	8	0	2		-	•	onstru	cted,	and used			<u> </u>	+
	UT	nce o		aperature Control	9			_		_	_			g facilities, installed, maintain	ed, used, test strips		0	
31 0	Prop contr		oling methods used;	adequate equipment f	or temperature	0	0	2	4	_	O N	lonfoo	d-cor	tact surfaces clean Physical Facilit	14.2			1
	D Plant	food	properly cooked for				0		4	8	0 1			water available; adequate pro	essure		0	
			thawing methods us eters provided and a			8	_	1	4		_			stalled; proper backflow device waste water properly dispose				2
	UT			Identification		Ľ	-	_	5	_	-			s: properly constructed, supp				1
35 0	Food	prop	erly labeled; original	container; required rec	ords available	0	0	1	5	2	o a	Sarbag	e/refi	use properly disposed; facilitie	s maintained	<	> o	1
	UT			Food Contamination	>n				5		-			lities installed, maintained, an			0	+
36 (D Insec	ts, ro	dents, and animals r	not present		0	-	2	5	4	0 A	dequa	de ve	ntilation and lighting; designal	ted areas used		0	1
				g food preparation, sto	vrage & display	0	-	1			UT			Administrative in	tems			
			leanliness ths; properly used ar	nd stored		8	0	1		_			-	nit posted inspection posted				•
40 C	O Wash		ruits and vegetables				ŏ		É		- I.			Compliance Sta				wr
	UT Din-us	e uter	Proper nsils; properly stored	Use of Utensils		0	0	1	5	7	-0	ompli	ance	Non-Smokers P with TN Non-Smoker Protecti			кгo	1
42	Utens Utens	sils, e	quipment and linens	; properly stored, dried		0	0	1	5	8	T	obacc	o pro	ducts offered for sale			0 0	0
			ed properly	es; properly stored, us	ea	8	8	1		9	1	topac	co pr	oducts are sold, NSPA survey	completed		0 0	-
														Repeated violation of an identic				
manner and	post the	most	recent inspection report	rt in a conspicuous mann	er. You have the rig		reques							e. You are required to post the filling a written request with the C				
report, T.C.		is 68-1	14-703, 68-14-706, 68-14	200 4144 200 68 44 74														
	A. section	_	~ .	-//ue, earler/ue, earler/1		16, 4-4							\sim					
KQ	A. section	C	rg .	-708, 88-18-708, 88-18-71	07/2	16, 4-4		2	_		\geq		\leq			07	/23/	2022
Signature	L	C	Charge			16, 4-4	2022	2 Date	Sig	gnatu	ire of	Envir	onme	ental Health Specialist		07	/23/	2022 Date
Signature	L	C		Additional food safet	07/2 y information car	16, 44 23/2	2022 ound	Date on ou	ur web	bsite,	http	c//tn.g	jov/h	ealth/article/eh-foodservic	e ****	07	/23/	
Signature PH-2267 (R	of Pers	C		Additional food safet	07/2 y information car	16, 44 23/2 be f	2022 ound	Date on ou	r wet	bsite, h ma	http	at the	ow/h		e ****	07		

Please call () 4232098110 to sign-up for a class.	H-2267 (Rev. 6-15)	Free food safety training clas	ses are available each mor	nth at the county health department.	RDA
	192201 (1004. 0-10)	Please call () 4232098110	to sign-up for a class.	n bet

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: C & K Snowy Delights (Mobile) Establishment Number # 605309845

00000040
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 Maohine Name Sanitizer Type PPM Temperature (Fahrenheit)

Equipment l'emperature							
Description	Temperature (Fahrenheit)						

Description	State of Food	Temperature (Fahrenheit

Observ	ed Violations
Total #	1

Repeated # ()

42: Handle of ice scoop touching ice inside ice cooler.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: C & K Snowy Delights (Mobile)

Establishment Number : 605309845

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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.

18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.

19: (NA) Establishment does not hot hold TCS foods.

20: (NA) Establishment does not cold hold TCS foods.

21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 24 hours.

- 22: (NA) No food held under time as a public health control.
- 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: C & K Snowy Delights (Mobile) Establishment Number: 605309845

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: C & K Snowy Delights (Mobile) Establishment Number # 605309845

Sources			
Source Type:	Water	Source:	Public
Source Type:	Food	Source:	Linda's Produce, Sam's
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments