TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

A COLUMN	1.62	A REAL	ALC: NO																
Establishment Name			ne	Formosa O Farmer's Market Food Unit Type of Establishment O Mobile															
Address				5425 Hwy 153 Suite 129 Type of Establishment O Mobile O Temporary O Seasonal															
City				Hixson Time in 12:45 PM AM / PM Time out 01:35; PM AM / PM															
		on Da	de.		10/18/2	2023 Establishment					Emba	-				· · · · · · · · · · ·			
		of In		tion	MRoutine	O Follow-up	O Complaint			- O Pr			u =		0.00	nsultation/Other			
		legon		10011	01	302	03			04		,					r of Seats	97	7
15.00					ors are food	preparation practice	s and employee		vior	8 mo				rep	ortec	to the Centers for Disease Control and Pro	vention		
				as o	contributing			_								control measures to prevent illness or inju INTERVENTIONS	у.		
		(11	rk de	algaa	ted compliance											ach Hem as applicable. Deduct points for category or si	bontegory	••	
IN	⊨in c	ompili	ance			mpliance NA=not applicable Compliance Status	e NO=not observe		R		S=cor	recte	d on-s	ite duri	ing ins	pection R*repeat (violation of the same code ; Compliance Status		R	WΤ
	IN	ουτ	NA	NO		Supervision						IN	ουτ	NA	NO	Cooking and Roberting of Time/Temperatu	•		
1	0	Ŕ			Person in cha performs dution	irge present, demonstrates es	knowledge, and	0	0	5		23	0	0	0	Control For Safety (TCS) Foods Proper cooking time and temperatures	0	0	6
2	IN XX	OUT O	NA	NO		Employee Health and food employee aware		0			17	0	0	0	×	Proper reheating procedures for hot holding		0	1 °
	×	0				restriction and exclusion		0	0	5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time a Public Health Control			
	_	OUT	NA			Good Hygienic Practi						0	0	0		Proper cooling time and temperature		0	
4	XX	8				tasting, drinking, or tobac from eyes, nose, and mou		8	0	5	20	<u>淡</u> 0	0	0		Proper hot holding temperatures Proper cold holding temperatures	8	6	1.
	IN X	OUT	NA			venting Contamination and properly washed	by Hands	0	0			*	0			Proper date marking and disposition	_		1
7	×	ŏ	0	ŏ	No bare hand	contact with ready-to-eat	loods or approved	ō	ŏ	5	22	-	0	0		Time as a public health control: procedures and reco	ds O	0	
8	23	0		-	Handwashing	edures followed sinks properly supplied an	d accessible		0	2	23	ĭ N	OUT	NA X	NO	Consumer Advisory Consumer advisory provided for raw and undercooke	^d 0	0	
	IN 黨	<u>о</u> л	NA	NO		Approved Source d from approved source		0	0	_		IN	OUT		NO	food Highly Susceptible Populations	Ť	10	-
10	0	0	0	2	Food received	d at proper temperature	he can be d	0	0	5	24		0	88		Pasteurized foods used; prohibited foods not offered	0	0	5
	<u>米</u>	0	X	0	Required reco	condition, safe, and unadu ords available: shell stock t		0	0	Ĭ	H	IN	OUT	-	NO	Chemicals			
H	IN	OUT	NA	-	destruction	rotection from Contam	ination	-		_	25	0	0	X		Food additives: approved and properly used	0	0	6
13	2	0	0			ed and protected	allowed.		0		26	黛	0		·	Toxic substances properly identified, stored, used	0	0	<u>1°</u>
	展開	0	0			surfaces: cleaned and san sition of unsafe food, return			0	5	27	IN O		NA		Confermance with Approved Procedures Compliance with variance, specialized process, and	-	0	5
	~	•			served											HACCP plan		1	-
				Go	od Retail Pra	ectices are preventive	measures to co						_		gens	, chemicals, and physical objects into food			
				0	/T≈not in complia	ance	COS=corre	GOO						5		R-repeat (violation of the same code provis	on)		
	_	AUT	_		Ċ	ompliance Status			R		É					Compliance Status		S R	WT
1	8	OUT	Past	euriz		afe Food and Water where required		0	0	1	4		υτ D ^F	ood a	nd no	Utensils and Equipment nfood-contact surfaces cleanable, properly designed,	0	0	1
_	9 0				d ice from appr obtained for sp	oved source ecialized processing metho	ods	8	8	2		+	- 0			and used		+	-
		OUT			Fee	d Temperature Control					4		_			g facilities, installed, maintained, used, test strips	0	0	1
3	1	83	Prop		oling methods	used; adequate equipment	for temperature	0	0	2	4	_	≣ N UT	lontoo	d-cor	tact surfaces clean Physical Facilities	0	0	1
_	2					ed for hot holding		0		1	4					water available; adequate pressure		0	
	3 4	_			thawing metho eters provided			0	0	1	4	_				talled; proper backflow devices waste water properly disposed	0	0	2
		OUT				Food Identification					5	_	-			s: properly constructed, supplied, cleaned	ŏ	ŏ	
3	5	0	Food	i prog	perly labeled; o	riginal container; required r	ecords available	0	0	1	5	2	0	Sarbag	e/refi	use properly disposed; facilities maintained	0	0	1
		OUT			Prevent	ion of Feed Contamina	tion				5		R P	hysica	al faci	ities installed, maintained, and clean	0	0	1
3	6	0	Inse	cts, n	odents, and ani	imals not present		0	0	2	5	\$ 2	ii A	vdequa	ite ve	ntilation and lighting; designated areas used	0	0	1
3	7	0	Cont	amin	ation prevented	d during food preparation, :	storage & display	0	0	1		0	υτ			Administrative items			
	8				cleanliness	and and stored		0	0	1	5	_				nit posted	0	0	0
_	9 0				fruits and vege	ised and stored tables		0	0	1	5	9 (0 1	nost re	cent	Compliance Status			WT
	_	OUT				oper Use of Utensils										Non-Smokers Protection Act			
4	1 2	_		_	ensils; properly equipment and	stored linens; properly stored, dri	ed handled		8		5					with TN Non-Smoker Protection Act ducts offered for sale		8	6
4	3	0	Sing	le-us	e/single-service	e articles; properly stored, u		0	0	1	5	5				oducts are sold, NSPA survey completed		ŏ	1
	4				sed properly	atan Inana salahin na salah sa	and the second		0				1.5.5			Recented electrony of the life state of the			
serv	ice er	stablis	hmer	t pen	mit. Items identif	led as constituting imminent	health hazards shall be	e corre	cted i	mmed	ately	or ope	mation	ns shal	l ceas	Repeated violation of an identical risk factor may result in e. You are required to post the food service establishment.	ermit in a	consp	picuous
repo	d. T.	CA.	sectio	ns 68	-14-703. 68-14-70	6. 68-14-708. 68-14-709. 68-14-				c a hei	nng r	egard	ing th	rs repo	rt by f	iling a written request with the Commissioner within ten (10	days of th	ie date	o of this
1	5	ヽ	h	~	AR	min Land 10/18/2023						10/	18/2	2023					
						Mh			UZ +	,			۔ ۱	~ 110			<i>U</i>		
Sig	natu		Pers	on Ir	n Charge		10/1	10/2	_	Date	Sig	natu				ental Health Specialist	10/	10/2	Date

PH-2267 (Rev. 6-15)	Free food safety training ck Please call (asses are available each mor) 4232098110	th at the county health department. to sign-up for a class.	RDA 629

SCORE

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Formosa Establishment Number #: 605249329

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)							
Dish machine	ChlorinE	100								

Equipment Temperature							
Description	Temperature (Fahrenheit)						
Walkin	43						

Food Temperature					
Decoription	State of Food	Temperature (Fahrenheit)			
Rice	Hot Holding	156			
Rice	Hot Holding	157			
Egg drop soup	Hot Holding	171			
Hot and sour soup	Hot Holding	167			
Chicken	Cold Holding	40			
Shrimp	Cold Holding	38			
Cabbage	Cold Holding	51			
Cabbage	Cold Holding	57			
Shimp in wallkin	Cold Holding	44			
Raw chx	Cold Holding	40			

Observed Violations

Total # 7

Repeated # ()

1: Repeat violations related to shredded cabbage being kept out of temperature control.

20: Cabbage not held under refrigeration temping at over 41°F. Discarded 1 lb cabbage. Walkin ho,ding at 43-45°F.

31: Chicken containers storedon top of ice in cooler overfilled past cold line. When using ice, should fill containers in a way to allow ice contact with parts of container touching ice.

41: Rice scoop stored in room temp standing water.

47: Mixing bowl and shredder dirty, debris build up.

53: Floor in poor repair under wok table.

54: Build up of grease inside hood.



Establishment Information

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Comments/Other Observations

2: Employees able to direct me to policy

- 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: Hands washed

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: 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: Adequate cooking observed
- 17: (NO) No TCS foods reheated during inspection.
- 18: No cooling observed
- 19: Adequate hot holding 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.

***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: Formosa

Establishment Number: 605249329

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Formosa

Establishment Number # 605249329

Sources				
Source Type:	Water	Source:	Hud	
Source Type:	Food	Source:	Eagle, sysco	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments