TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

					FOOD SERVICE ESTABLISHMENT INSPECTION REPORT								SCORE							
Ś		HAN T															1 (ſ	
Estal	aish	imen	t Nar	me	City Café D	Diner					_	Tvr	ne of	Establi	shme	Farmer's Market Food Unit Ø Permanent O Mobile	10			
Address 7641 Lee Hwy.										. ,,	00.01		21111	O Temporary O Seasonal				/		
City					Chattanoog	ja	Time in	02	2:1	0 F	M	A	M/P	M Ti	me o	ut 03:10:PM AM/PM				
Purp	ose	of In	spec	tion	Routine	O Follow-up	O Complaint			- O Pre					Cor	nsuitation/Other				
Risk	Cate	egon	,		O 1	\$22	03			04				Fo	low-	up Required O Yes 🕱 No	Number of S	ieats	88	
		R	isk I													to the Centers for Disease Cont control measures to prevent illu	rol and Prevent			
	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 (IH, OUT, HA, HO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)																			
18.5-	0.44			algas	OUT=not in complia				ltema											
ine-	in co	mpīi	nce	_		ance NA=not applicab npliance Status	le NO=not observ		COS=corrected on-site during inspection R=repeat (violation of the same code OS R WT Compliance Status								COS R WT			
	-		NA	NO	Description of the second	Supervision						IN	ουτ	NA	NO	Cooking and Reheating of Time/ Control For Safety (TCS)				
	-	٥			performs duties	present, demonstrate		0	0	5		0				Proper cooking time and temperatures		0	0	5
2			NA	NO		Employee Health food employee aware		0	0		17	-				Proper reheating procedures for hot hok Ceeling and Heiding, Date Marking		0	0	
	~	0				triction and exclusion		0	0	5		IN	OUT		NO	a Public Health Contr				
	_	OUT O	NA	NO		sting, drinking, or toba		0	0	_		0				Proper cooling time and temperature Proper hot holding temperatures		0	응	
5	1	0		0	No discharge from	m eyes, nose, and mo	uth	ŏ	ŏ	5	20	25	0	0		Proper cold holding temperatures		0	0	5
		001	NA	NO O	Hands clean and	ting Contamination properly washed	by Hands	0	0			*				Proper date marking and disposition			0	
_	_	0	0	0	No bare hand cor	ntact with ready-to-eat	foods or approved	0	0	5	22	-	0	O NA		Time as a public health control: procedu Consumer Advisory		0	٥	
8	×	0				ks properly supplied a		0	0	2	23	_	0	0	NO	Consumer advisory provided for raw and		0	0	4
	_	001	NA	NO		Approved Source mapproved source		0	0	-	-	IN	OUT	-	NO	food Highly Susceptible Popula	ations	_	-	
10	0	8	0	122	Food received at	proper temperature dition, safe, and unad	dented	0	8	5	24	0	0	×		Pasteurized foods used; prohibited food	s not offered	0	0	5
	_	ŏ	X	0	Required records	available: shell stock		ŏ	ŏ			IN	OUT	NA	NO	Chemicais				
				NO		ection from Contam	ination				25	0	0	X		Food additives: approved and properly u		0	0	5
13 14		응			Food separated a	and protected faces: cleaned and sa	hized	8	8	4	26	<u>良</u> IN	0	_	NO	Toxic substances properly identified, sto Conformance with Approved F		0	0	
		0	<u> </u>	1	Proper disposition	n of unsafe food, return		6	0	2	27	_	0	100	140	Compliance with variance, specialized p		0	0	5
	~1	•			served			-		_	<u> </u>	-	1	~		HACCP plan		-	-	-
				Go	od Retail Practi	ices are preventiv	e measures to co	ntro	l the	intro	duc	tion	of	atho	gens	s, chemicals, and physical object	s into foods.			
					· · · · · · · · · · · · · · · · · · ·			GOO						5						
				00	T=not in compliance Com	pliance Status	COS=come		R		Inspe	ction				R-repeat (violation of the san Compliance Status		COS	R	WT
28	_	아이	Past	euriz	Safe ed eggs used wher	0	0	-		OUT Utensils and Equipment				dy designed						
29 O Water an		er an	d ice from approve	ce from approved source				2	4	5				and used	ny wasginez,	0	٥	1		
30 O Variance		ance		btained for specialized processing methods Food Temperature Control				1	4	6	۰l	Narew	ashin	g facilities, installed, maintained, used, te	est strips	0	0	1		
31		0				d; adequate equipmen		0	0	2	4	_	-	Vonfoo	d-cor	ntact surfaces clean		0	0	1
32		0	contr Plan		properly cocked fi	or hot holding		-	0		4		UT O	fot and	t cold	Physical Facilities I water available; adequate pressure		0	0	2
33		0	Appr	roved	thawing methods	used		0	0	1	4	9	ŌF	Numbir	ng ins	stalled; proper backflow devices		0	0	2
34		O OUT	Ther	mom	eters provided and Foo	d identification		0	0	1			-			i waste water properly disposed es: properly constructed, supplied, cleane	ed .	0	0	2
35	-		Food	d prog		al container; required	records available	0	0	1	5	_	_			use properly disposed; facilities maintaine		0	ō	1
	-	OUT				of Food Contamina				-	5	3	0	hysica	al faci	lities installed, maintained, and clean			0	1
36		0	Inse	cts, n	odents, and animal	is not present		0	0	2	5	4	0 /	Adequa	de ve	entilation and lighting; designated areas u	sed	0	0	1
37		0	Cont	tamin	ation prevented du	ring food preparation,	storage & display	0	0	1		0	лл			Administrative items				
38		-	-		cleanliness			0	0	1		_	-		-	nit posted		0	0	0
39	_				oths; properly used fruits and vegetable			00			-5	6	0	/lost re	cent	Compliance Status		O YES		WT
OUT Proper Use of Utensils												Non-Smokers Protection	Act	_	_					
41					ensils; properly stor	red ns; properly stored, dr	ied, handled	8	8	1	5	8				with TN Non-Smoker Protection Act ducts offered for sale		8	읭	0
43		0	Sing	le-us	e/single-service art	ticles; properly stored,		0	0	1	5	9				roducts are sold, NSPA survey completed	i	ŏ	Ő	1
	-				sed properly				0											
servic		tablis	hmer	nt pen	nit. Items identified a	as constituting imminent	health hazards shall b	e corre	cted is	mmedi	ately	or op	eratio	ns shall	ceas	Repeated violation of an identical risk factor e. You are required to post the food service	establishment permit	t in a c	onsp	icuous
						port in a conspicuous m I-14-708, 68-14-709, 68-14				t a hea	ring r	egard	à			fling a written request with the Commissioner	within ten (10) days	of the	date	of this
(\sim)	n	-	f: le		01/2	1/2	022)		1		It	. Q	A.	r)1/1	1/2	022
Sign	gnature of Person In Charge							Date	Si	gnatu	ire of	Envir	onme	ental Health Specialist				Date		

	Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice ****	
PH-2267 (Rev. 6-15)	Free food safety training classes are available each month at the county health department.	RDA 629
(19220) (1007. 0-10)	Please call () 4232098110 to sign-up for a class.	1004.02.0

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: City Café Diner Establishment Number #: 605204025

Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)				
Triple sink CL dishwasher	QA CL	200 50					

Equipment Temperature	
Decoription	Temperature (Fahrenheit)
Walk in cooler	34
Low boy food prep	38
Reach in cooler (by cake wheel)	39
Salad low boy	38

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Pasta	Hot Holding	163				
Tomato sauce	Hot Holding	167				
Mashed potatoes	Hot Holding	168				
Sliced tomatoes (low boy)	Cold Holding	38				
Cut leafy greens (low boy)	Cold Holding	38				
Ham (walk in cooler)	Cold Holding	34				
Turkey (walk in cooler)	Cold Holding	34				
Dairy (walk in cooler)	Cold Holding	38				
Dairy (reach in cooler by cake wheel)	Cold Holding	38				
Raw chicken (drawer)	Cold Holding	37				
Raw beef (drawer)	Cold Holding	38				
Sliced green peppers (low boy)	Cold Holding	36				
Raw fish (drawer)	Cold Holding	38				
Raw scallops (drawer)	Cold Holding	37				
Chicken wings	Cold Holding	38				

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: City Café Diner

Establishment Number : 605204025

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: (IN): An employee health policy is available.
- 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: Good 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 from approved sources.

- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: See temperatures.
- 20: See temperatures.
- 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: Advisory located on menu.
- 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: City Café Diner

Establishment Number : 605204025

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: City Café Diner Establishment Number # 605204025

SourcesSource Type:FoodSource:US FoodsSource Type:WaterSource:PublicSource Type:Source:Source:Source Type:Source:Source:Source Type:Source:Source:

Additional Comments