



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

95

Establishment Name Dos Bros Type of Establishment ☒ Permanent ☐ Mobile
Address 1700 Broad St. Suite-102
City Chattanooga Time in 11:00 AM AM / PM Time out 11:45 AM AM / PM
Inspection Date 07/26/2023 Establishment # 605255403 Embargoed 0
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 64

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 COS 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 | | |
| | | | | | Supervision | | | | | |
| 1 | IN | OUT | NA | NO | Person in charge present, demonstrates knowledge, and performs duties | | | | | 5 |
| | | | | | Employee Health | | | | | |
| 2 | IN | OUT | NA | NO | Management and food employee awareness, reporting | | | | | 5 |
| 3 | IN | OUT | NA | NO | Proper use of restriction and exclusion | | | | | |
| | | | | | Good Hygienic Practices | | | | | |
| 4 | IN | OUT | NA | NO | Proper eating, tasting, drinking, or tobacco use | | | | | 5 |
| 5 | IN | OUT | NA | NO | No discharge from eyes, nose, and mouth | | | | | |
| | | | | | Preventing Contamination by Hands | | | | | |
| 6 | IN | OUT | NA | NO | Hands clean and properly washed | | | | | 5 |
| 7 | IN | OUT | NA | NO | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | | | | | |
| 8 | IN | OUT | NA | NO | Handwashing sinks properly supplied and accessible | | | | | 2 |
| | | | | | Approved Source | | | | | |
| 9 | IN | OUT | NA | NO | Food obtained from approved source | | | | | |
| 10 | IN | OUT | NA | NO | Food received at proper temperature | | | | | 5 |
| 11 | IN | OUT | NA | NO | Food in good condition, safe, and unadulterated | | | | | |
| 12 | IN | OUT | NA | NO | Required records available: shell stock tags, parasite destruction | | | | | |
| | | | | | Protection from Contamination | | | | | |
| 13 | IN | OUT | NA | NO | Food separated and protected | | | | | 4 |
| 14 | IN | OUT | NA | NO | Food-contact surfaces: cleaned and sanitized | | | | | 5 |
| 15 | IN | OUT | NA | NO | Proper disposition of unsafe food, returned food not re-served | | | | | 2 |
| | | | | | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | | | |
| 16 | IN | OUT | NA | NO | Proper cooking time and temperatures | | | | | 5 |
| 17 | IN | OUT | NA | NO | Proper reheating procedures for hot holding | | | | | |
| | | | | | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | | | |
| 18 | IN | OUT | NA | NO | Proper cooling time and temperature | | | | | 5 |
| 19 | IN | OUT | NA | NO | Proper hot holding temperatures | | | | | |
| 20 | IN | OUT | NA | NO | Proper cold holding temperatures | | | | | |
| 21 | IN | OUT | NA | NO | Proper date marking and disposition | | | | | |
| 22 | IN | OUT | NA | NO | Time as a public health control: procedures and records | | | | | |
| | | | | | Consumer Advisory | | | | | |
| 23 | IN | OUT | NA | NO | Consumer advisory provided for raw and undercooked food | | | | | 4 |
| | | | | | Highly Susceptible Populations | | | | | |
| 24 | IN | OUT | NA | NO | Pasteurized foods used; prohibited foods not offered | | | | | 5 |
| | | | | | Chemicals | | | | | |
| 25 | IN | OUT | NA | NO | Food additives: approved and properly used | | | | | 5 |
| 26 | IN | OUT | NA | NO | Toxic substances properly identified, stored, used | | | | | |
| | | | | | Conformance with Approved Procedures | | | | | |
| 27 | IN | OUT | NA | NO | Compliance with variance, specialized process, and HACCP plan | | | | | 5 |

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

| OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision) | | | | | Compliance Status | | | COS R WT | | |
|---|-----|--|--|--|---|--|--|-----------|--|---|
| | | | | | Compliance Status | | | COS R WT | | |
| | | | | | Safe Food and Water | | | | | |
| 28 | OUT | | | | Pasteurized eggs used where required | | | | | 1 |
| 29 | OUT | | | | Water and ice from approved source | | | | | 2 |
| 30 | OUT | | | | Variance obtained for specialized processing methods | | | | | 1 |
| | | | | | Food Temperature Control | | | | | |
| 31 | OUT | | | | Proper cooling methods used; adequate equipment for temperature control | | | | | 2 |
| 32 | OUT | | | | Plant food properly cooked for hot holding | | | | | 1 |
| 33 | OUT | | | | Approved thawing methods used | | | | | 1 |
| 34 | OUT | | | | Thermometers provided and accurate | | | | | 1 |
| | | | | | Food Identification | | | | | |
| 35 | OUT | | | | Food properly labeled; original container; required records available | | | | | 1 |
| | | | | | Prevention of Food Contamination | | | | | |
| 36 | OUT | | | | Insects, rodents, and animals not present | | | | | 2 |
| 37 | OUT | | | | Contamination prevented during food preparation, storage & display | | | | | 1 |
| 38 | OUT | | | | Personal cleanliness | | | | | 1 |
| 39 | OUT | | | | Wiping cloths: properly used and stored | | | | | 1 |
| 40 | OUT | | | | Washing fruits and vegetables | | | | | 1 |
| | | | | | Proper Use of Utensils | | | | | |
| 41 | OUT | | | | In-use utensils; properly stored | | | | | 1 |
| 42 | OUT | | | | Utensils, equipment and linens; properly stored, dried, handled | | | | | 1 |
| 43 | OUT | | | | Single-use/single-service articles; properly stored, used | | | | | 1 |
| 44 | OUT | | | | Gloves used properly | | | | | 1 |
| | | | | | Utensils and Equipment | | | | | |
| 45 | OUT | | | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | | | 1 |
| 46 | OUT | | | | Warewashing facilities; installed, maintained, used, test strips | | | | | 1 |
| 47 | OUT | | | | Nonfood-contact surfaces clean | | | | | 1 |
| | | | | | Physical Facilities | | | | | |
| 48 | OUT | | | | Hot and cold water available; adequate pressure | | | | | 2 |
| 49 | OUT | | | | Plumbing installed; proper backflow devices | | | | | 2 |
| 50 | OUT | | | | Sewage and waste water properly disposed | | | | | 2 |
| 51 | OUT | | | | Toilet facilities: properly constructed, supplied, cleaned | | | | | 1 |
| 52 | OUT | | | | Garbage/refuse properly disposed; facilities maintained | | | | | 1 |
| 53 | OUT | | | | Physical facilities installed, maintained, and clean | | | | | 1 |
| 54 | OUT | | | | Adequate ventilation and lighting; designated areas used | | | | | 1 |
| | | | | | Administrative Items | | | | | |
| 55 | OUT | | | | Current permit posted | | | | | 0 |
| 56 | OUT | | | | Most recent inspection posted | | | | | 0 |
| | | | | | Compliance Status | | | YES NO WT | | |
| | | | | | Non-Smokers Protection Act | | | | | |
| 57 | OUT | | | | Compliance with TN Non-Smoker Protection Act | | | | | 0 |
| 58 | OUT | | | | Tobacco products offered for sale | | | | | 0 |
| 59 | OUT | | | | If tobacco products are sold, NSPA survey completed | | | | | 0 |

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, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 07/26/2023 Signature of Environmental Health Specialist [Signature] Date 07/26/2023

**** Additional food safety information can be found on our website, <http://tn.gov/health/article/eh-foodservice> ****

**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA**



| | |
|----------------------------------|-----------|
| Establishment Information | |
| Establishment Name: | Dos Bros |
| Establishment Number #: | 605255403 |

| | |
|---|--|
| 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) |
| Triple Sink | QA | 200 | |

| | |
|--|----------------------------------|
| Equipment Temperature | |
| Description | Temperature (Fahrenheit) |
| All refrigeration @ 41°F. Product temperatures taken from each | |

| | | |
|--|----------------------|----------------------------------|
| Food Temperature | | |
| Description | State of Food | Temperature (Fahrenheit) |
| Cut Leafy Greens (serving line) | Cold Holding | 41 |
| Sour Cream (serving line) | Cold Holding | 38 |
| Pico De Gallo (serving line) | Cold Holding | 41 |
| Steak (walk in) | Cold Holding | 38 |
| Tofu (walk in) | Cold Holding | 38 |
| Brown Rice | Hot Holding | 166 |
| Pinto Beans | Hot Holding | 151 |
| Queso | Hot Holding | 138 |
| Carnitas (hot box 1) | Hot Holding | 149 |
| Chicken (hot box 2) | Hot Holding | 205 |
| Pico De Gallo (cooling from ambient 1.5 hrs) | Cooling | 48 |
| Steak | Cooking | 181 |

Observed Violations

Total # 5

Repeated # 0

38: Employee hair not fully restrained.

42: Clean dishes stacked wet. Allow to air dry before stacking.

43: Single service products stored on floor. All single service products must be at least 6" off floor to avoid contamination and moisture.

46: Wash water at triple sink 80°F. Must be 110°F or above.

54: Designated areas for employee beverages not provided. Must keep physically separated from food contact surfaces and food products.

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
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Establishment Information

Establishment Name: Dos Bros

Establishment Number : 605255403

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 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 drinking from an approved container which is stored properly.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: (IN) Observed employees washing hands as needed during inspection. Proper and adequate 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: (IN) Food products obtained 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: (IN) Raw, TCS foods cooked to the proper internal cooking temperatures during inspection. Steak cooked to 181°F (see food temperatures).
- 17: (NO) No TCS foods reheated during inspection.
- 18: (IN) Observed Pico-De-Gallo cooling from ambient ingredients in walk in cooler at 48°F (1.5 hrs.) Proper and adequate time/temperature noted during inspection. (See food temperatures)
- 19: (IN) TCS foods holding at 135°F or above. See food temperatures listed above. '
- 20: (IN) TCS foods holding at 41°F or below. See food temperatures listed above.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 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: (IN) Establishment does not allow smoking inside facility and is in compliance with the State of TN non-smokers protection act.
- 58: (IN) Tobacco products not sold at establishment.

***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: Dos Bros

Establishment Number : 605255403

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

Establishment Information

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Sources

| | | | |
|--------------|-------|---------|------------------------|
| Source Type: | Food | Source: | Approved sources noted |
| Source Type: | Water | Source: | Public Water Supply |
| Source Type: | | Source: | |
| Source Type: | | Source: | |
| Source Type: | | Source: | |

Additional Comments