



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

97

Establishment Name Red Lobster #0883 Type of Establishment ☒ Permanent ☐ Mobile
 Address 2200 Bams Drive ☐ Temporary ☐ Seasonal
 City Chattanooga Time in 01:45 PM AM / PM Time out 02:45 PM AM / PM
 Inspection Date 05/25/2022 Establishment # 605242845 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 329

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									
	IN	OUT	NA	NO	Supervision																								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="checkbox"/>	<input type="checkbox"/>	5																	
	IN	OUT	NA	NO	Employee Health																								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting					<input type="checkbox"/>	<input type="checkbox"/>	5																	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion					<input type="checkbox"/>	<input type="checkbox"/>																		
	IN	OUT	NA	NO	Good Hygienic Practices																								
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																	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No discharge from eyes, nose, and mouth					<input type="checkbox"/>	<input type="checkbox"/>																		
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed					<input type="checkbox"/>	<input type="checkbox"/>	5																	
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"/>																		
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	Approved Source																								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source					<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"/>																		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated					<input type="checkbox"/>	<input type="checkbox"/>																		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction					<input type="checkbox"/>	<input type="checkbox"/>																		
	IN	OUT	NA	NO	Protection from Contamination																								
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"/>																		
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																	

Compliance Status										COS					R					WT				
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																			
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures					<input type="checkbox"/>	<input type="checkbox"/>	5												
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"/>													
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																			
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												
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>													
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures					<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"/>													
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"/>													
	IN	OUT	NA	NO	Consumer Advisory																			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer advisory provided for raw and undercooked food					<input type="checkbox"/>	<input type="checkbox"/>	4												
	IN	OUT	NA	NO	Highly Susceptible Populations																			
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												
	IN	OUT	NA	NO	Chemicals																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>	5												
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used					<input type="checkbox"/>	<input type="checkbox"/>													
	IN	OUT	NA	NO	Conformance with Approved Procedures																			
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												

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



Establishment Information	
Establishment Name:	Red Lobster #0883
Establishment Number #:	605242845

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)
Dishmachine	High temp		162
Sani buckets	QA	200	
Dispenser station		1875	

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Lobster bisque	Hot Holding	162
Raw fish-4 dr Traulsen	Cold Holding	41
Rice	Hot Holding	146
Crab legs	Cooking	182
Raw shrimp-prep top	Cold Holding	41
Diced tomatoes-prep top	Cold Holding	41
Cooked pasta-cold drawer	Cold Holding	41
Lobster-2 dr upright	Cold Holding	41
Raw scallop-2 dr traulsen	Cold Holding	41
Raw shrimp-walk in	Cold Holding	39
Diced tomatoes-walk in	Cold Holding	41
Raw hamburger-walk in	Cold Holding	40
Diced tomatoes-walk in	Cold Holding	40
Diced tomatoes-salad prep	Cold Holding	38

Observed Violations

Total # 4

Repeated # 0

45: Hinge on 4 door unit door is in disrepair causing the door not to close properly. Repair door so it is functional as designed. Manager stated a work order has already been submitted. Temperatures in unit are within range.

47: Accumulated debris on handles of multiple refrigeration units. Clean on a more routine basis to prevent contamination.

47: Accumulated food debris on multiple refrigerator gaskets. Clean and sanitize on a more routine basis to prevent contamination.

53: Floor tiles missing in various areas in kitchen (cut out in prep area). Replace missing floor tiles.

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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: (IN) Observed proper handwashing by employees.
- 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 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: (IN) Shell stock tags available.
- 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) All raw animal foods cooked to proper temperatures.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (IN) Hot holding temperatures are held at 135F or above
- 20: (IN) Cold holding temperatures are held at 41F or below
- 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.
- 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.

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

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Sources

Source Type: Food

Source: PFG

Source Type: Water

Source: Water is from approved source

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Additional Comments

Facility switched from quat based sanitizer to lactic acid sanitizer this morning. Advised manager on training employees on change.