### TENNESSEE DEPARTMENT OF HEALTH TARI ISHMENT INSDE

|  |            |       |             |          | FOOD SERVICE ESTABLISHMENT INSPECTION REPORT |   |                        |          |        |        |          |          | F                   | SCORE             |        |   |                  |               |               |        |
|--|------------|-------|-------------|----------|--|---|------------------------|----------|--------|--------|----------|----------|---------------------|-------------------|--------|---|------------------|---------------|---------------|--------|
| Esta   | iblish     | men   | t Nar       |          | Sushi City                                   |   |                        |          |        |        |          | -        |                     |                   |        | Fermer's Market Food Unit     Ø Permanent     O Mobile                              | 10               |               |               |        |
| Address 6921 Lee Hwy                                 |            |       |             |          | Type of Establishment O Temporary O Seasonal |   |                        |          |        |        |          |          |                     |                   |        | /   |                  |               |               |        |
| City Chattanooga                                     |            |       |             | Time in  | 12   | 2:5   | QF                     | M        | A      | M / PI | M Tir    | ne ou    | t 01:40; PM AM / PM |                   |        |   |                  |               |               |        |
| Inspection Date 09/21/2022 Establishment # 605310540 |            |       |             | 0        |  |   | Emba                   | argoe    | d 0    | )      |          |          |                     |                   |        |   |                  |               |               |        |
|  |            |       | spect       |          | Routine                                      | O Follow-up   | O Complaint            |          |        | O Pr   |          |          | _                   |                   | Cor    | nsultation/Other  |                  |               |               |        |
| Risk   | Cat        | 000   | ,           |          | 01   | \$122   | 03                     |          |        | 04     |          |          |                     | Fo                | low    | up Required O Yes 🕱 No  | Number of Se     | oats          | 12            | 0      |
|  |            |       | isk F       | acto     | ors are food p                               | reparation practice                                     | s and employee         | beha     | vior   | * mo   | st c     | omn      | only                | repo              | rted   | to the Centers for Disease Control  | and Prevent      | ion           | _             |        |
|  |            |       |             | as c     | ontributing fa                               |   |                        |          |        |        |          |          |                     |                   |        | control measures to prevent illness<br>INTERVENTIONS                                | or injury.       |               |               |        |
|  |            | (11   | rk de       | elgnet   | ed compliance st                             | atus (IN, OUT, NA, NO) fo                               | reach numbered iten    | . For    |        | mark   | ed OL    | л, н     | nt Co               | 08 or R           | for e  | ach item as applicable. Deduct points for categ                                     | gory or subcates | pory.)        |               |        |
| IN   | ⊧in co     | mpīi  | ance        |          |  | iance NA=not applicable<br>mpliance Status              | NO=not observe         | d<br>COS | L D I  |        | )S=cor   | rrecte   | d on-s              | ite duri          | ng ins | pection R=repeat (violation of the san<br>Compliance Status                         |                  |               | e I           | WT     |
|  | IN 0       | OUT   | NA          | NO       |  | Supervision   |                        |          | -      |        | h        | IN       | OUT                 | NA                | NO     | Cooking and Reheating of Time/Tem   |                  |               | ~1            |        |
| 1  | 黨          | 0     |             |          |  | e present, demonstrates                                 | knowledge, and         | 0        | 0      | 5      | 40       |          |                     |                   |        | Control For Safety (TCS) Fee  |                  | ~             | -             |        |
|  | IN (       | OUT   | NA          | NO       | performs duties                              | Employee Health   |                        | -        |        | -      | 16       | 0        | 00                  | 0                 |        | Proper cooking time and temperatures<br>Proper reheating procedures for hot holding |                  | 8             | 읭             | 5      |
|  | X          |       |             |          |  | d food employee aware                                   | ness; reporting        | _        | 0      | 5      |          | IN       | олт                 | NA                | NO     | Cooling and Holding, Date Marking, an   | nd Time as       |               |               |        |
|  |            | 0     | NA          |          |  | striction and exclusion<br>lood Hygionic Practic        |                        | 0        | 0      | -      | 49       | 0        | 0                   | 0                 |        | Public Health Control  Proper cooling time and temperature                          |                  | _             |               |        |
| 4  | 20         | 0     | nea         |          |  | asting, drinking, or tobac                              |                        | 0        | 0      |        | 19       | 家        | 6                   |                   |        | Proper too ling time and temperatures   |                  | 8             | 0             |        |
| 5  | 24         |       |             | -        |  | om eyes, nose, and mou                                  |                        | 0        |        | ů      |          | 25       | 0                   |                   | ~      | Proper cold holding temperatures  |                  | 0             | 0             | 5      |
| 6  |            | 0     | NA          |          |  | nting Contamination<br>d properly washed                | by Hands               | 0        | 0      |        |          | *        | 0                   |                   |        | Proper date marking and disposition   |                  | _             | 0             |        |
| 7  | _          | 0     | 0           | 0        | No bare hand co<br>alternate proced          | ontact with ready-to-eat f                              | oods or approved       | 0        | 0      | 5      | "        | SK<br>IN | OUT                 | O<br>NA           |        | Time as a public health control: procedures a<br>Consumer Advisory                  | and records      | ٥             | <u> </u>      | _      |
| 8  | ×          | 0     |             |          |  | nks properly supplied an                                | d accessible           | 0        | 0      | 2      | 23       |          | 0                   | 0                 | no     | Consumer advisory provided for raw and une  | dercooked        | 0             | 0             | 4      |
|  | IN II<br>家 |       | NA          | _        | Food obtained fr                             | Approved Source<br>rom approved source                  |                        | 0        | 0      | _      |          | IN IN    | OUT                 | -                 | NO     | food<br>Highly Susceptible Population   |                  | -             |               | _      |
| 10   | 0          | 0     | 0           |          | Food received a                              | t proper temperature                                    |                        | 0        | 0      |        | 24       | _        | 0                   | 88                |        | Pasteurized foods used; prohibited foods not  |                  | 0             | 0             | 5      |
|  |            | 0     | _           | 0        |  | ndition, safe, and unadu<br>is available: shell stock t |                        | 0        | 0      | 5      | -        | _        | OUT                 |                   | _      |   | , onered         | -             |               | -      |
|  |            | 0     | O<br>NA     | -        | destruction                                  | tection from Contam                                     |                        | 0        | 0      |        | 25       | IN<br>O  |                     | NA                |        | Chemicals<br>Food additives: approved and properly used                             |                  | 0             | তা            |        |
| 13   | X          | 0     | 0           | 110      | Food separated                               |   |                        | 0        | 0      | 4      | 26       | Ř        | ŏ                   |                   |        | Toxic substances properly identified, stored,                                       | used             | ŏ             | ŏ             | 5      |
|  | ×          | _     | 0           |          |  | rfaces: cleaned and san<br>on of unsafe food, return    |                        | 0        | 0      | 5      |          | IN       | OUT                 | -                 | NO     | Conformance with Approved Prec<br>Compliance with variance, specialized proce       |                  |               | _             |        |
| 15   | 8          | ٥     |             |          | served                                       | on or unsale lood, return                               | ed lood hot le-        | 0        | 0      | 2      | 27       | 0        | 0                   | ×                 |        | HACCP plan  | iss, anu         | 0             | ٥             | 5      |
|  |            |       |             | Goo      | d Retail Pract                               | tices are preventive                                    | measures to co         | ntro     | l the  | intr   | oduc     | tion     | ofp                 | atho              | gens   | , chemicals, and physical objects in  | to foods.        |               |               |        |
|  |            |       |             |          |  |   |                        |          |        | ET/A   |          |          | _                   |                   |        |   |                  |               |               |        |
|  |            |       |             | 00       | T=not in compliance                          |   | COS=corre              | cted o   | n-site | during |          |          |                     |                   |        | R-repeat (violation of the same co  |                  |               |               |        |
|  |            | OUT   |             |          |  | mpliance Status<br>e Food and Water                     |                        | COS      | R      | WT     | H        | 10       | UT                  |                   |        | Compliance Status<br>Utensils and Equipment   |                  | cos           | R             | WT     |
| 2  |            |       |             |          | d eggs used whe                              | ere required  |                        | 0        | 0      | 1      | 4        |          | o F                 |                   |        | nfood-contact surfaces cleanable, properly de                                       | esigned,         | 0             | 0             | 1      |
| 2  |            |       |             |          | ice from approve<br>obtained for speci       | ed source<br>ialized processing metho                   | ds                     | 8        | 0      | 2      | $\vdash$ | +        | - 0                 |                   |        | and used  |                  | $\rightarrow$ | $\rightarrow$ | -      |
|  |            | OUT   |             |          | Food 1                                       | <b>Temperature</b> Control                              |                        |          |        |        | 4        |          | -                   |                   |        | g facilities, installed, maintained, used, test st                                  | nps              |               | 0             | 1      |
| 3  | 1          | 0     | Prop        |          | oling methods us                             | ed; adequate equipment                                  | for temperature        | 0        | 0      | 2      | 4        | _        | O N<br>UT           | lontoo            | d-con  | tact surfaces clean Physical Facilities   |                  | 0             | 0             | 1      |
| 3  | _          |       |             |          | properly cooked                              |   |                        |          | 0      |        | 4        | _        | _                   |                   |        | water available; adequate pressure  |                  | 0             | <u> </u>      | 2      |
| 3  | _          |       |             |          | thawing methods<br>eters provided an         |   |                        | 0        | 0      | 1      | 49       | _        | _                   |                   |        | talled; proper backflow devices<br>waste water properly disposed                    |                  |               | 0             | 2      |
|  | -          | OUT   | - The state | 1.501116 |  | od identification                                       |                        | Ŭ        |        | -      | 5        | _        |                     |                   |        | is: properly constructed, supplied, cleaned   |                  |               | ŏ             | 1      |
| 3  | 5          | 0     | Food        | i prop   |  | inal container; required r                              |                        | 0        | 0      | 1      | 5        |          | -                   | -                 |        | use properly disposed; facilities maintained  |                  |               | 0             | 1      |
|  | _          | OUT   |             |          |  | n of Food Contaminat                                    | tion                   | -        |        |        | 5        | _        | -                   |                   |        | ities installed, maintained, and clean  |                  | _             | 2             | 1      |
| 3  | -          | -     |             |          | dents, and anima                             |   | tomos 8 diretou        | 0        | 0<br>0 | 2      | 5        | -        | O A<br>UT           | vaequa            | de vé  | ntilation and lighting; designated areas used                                       |                  | 0             | 0             | 1      |
| 3  | _          | _     |             |          | ition prevented d                            | luring food preparation, s                              | korage & display       | 0        | 0      |        | 5        |          |                     | Jumpet            | Date   | Administrative items  |                  | 0             | 0             |        |
| 3  | _          | -     | -           |          | ths; properly use                            | d and stored  |                        | 0        | 0      | 1      |          |          | õ M                 | Annent<br>Nost re | cent   | inspection posted   |                  | 0             |               | 0      |
| 4  | 0          | 0     |             |          | ruits and vegetab                            | bles  |                        | 0        |        |        |          | _        |                     |                   |        | Compliance Status   |                  | YES           | NO            | WT     |
| 4  | _          | OUT   | In-ur       | e uter   | Prop<br>nsils; properly sto                  | or Use of Utensils                                      |                        | 0        | 0      | 1      | 5        | 7        | -                   | Some              | 2000   | Non-Smokers Protection Act<br>with TN Non-Smoker Protection Act                     |                  | YCI           | 01            |        |
| 4  | 2          |       |             |          |  | ens; properly stored, dri                               | ed, handled            | 0        | 0      | 1      | 5        | 8        |                     |                   |        | ducts offered for sale  |                  | 8             | ŏ             | 0      |
| 4  | 3          | 0     | Singl       | e-use    | /single-service a                            | rticles; properly stored, i                             |                        |          | 0      | 1      | 5        | 9        |                     |                   |        | oducts are sold, NSPA survey completed  |                  | 0             | 0             |        |
|  |            |       |             |          | ed properly                                  |   |                        |          | 0      | _      |          |          |                     |                   |        |   |                  |               |               |        |
| Fails,   | re to      | corre | et any      | y viola  | tions of risk factor                         | r items within ten (10) days                            | a may result in susper | sion o   | f you  | r food | servic   | e esti   | blish               | ment pe           | ermit. | Repeated violation of an identical risk factor may                                  | result in revoca | tion o        | f you         | r food |

inspection report in a conspicuous manner. You have the right to request a hearing reg 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ritten request with the Commissioner within ten (10) days of the date of this and post the T.C 10.44.70

file  $\sim$ 

09/21/2022

Signature of Person In Charge

PH-2267 (Rev. 6-15)

|      | _ |
|------|---|
| Date | S |

11 \_ 0 Signature of Environmental Health Specialist

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09/21/2022

Date

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

Free food safety training classes are available each month at the county health department. Please call ( ) 4232098110 to sign-up for a class.

RDA 629

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



#### Establishment Information

Establishment Name: Sushi City Establishment Number #: 605310540

| 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<br>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) |
| CL dishwasher    | CL             | 50  |                          |

| Equipment Temperature |                          |
|-----------------------|--------------------------|
| Description           | Temperature (Fahrenheit) |
| Walk in cooler        | 38                       |
| Low boy               | 38                       |
| Salad reach in        | 37                       |
| Sushi display case    | 38                       |

| Food Temperature                  |               |                          |  |  |  |  |
|-----------------------------------|---------------|--------------------------|--|--|--|--|
| Description                       | State of Food | Temperature (Fahrenheit) |  |  |  |  |
| Raw Tuna (sushi case)             | Cold Holding  | 38                       |  |  |  |  |
| Raw Salmon (sushi case)           | Cold Holding  | 38                       |  |  |  |  |
| Raw crab meat (sushi case)        | Cold Holding  | 38                       |  |  |  |  |
| Brown rice (rice cooker)          | Hot Holding   | 151                      |  |  |  |  |
| Raw chicken (low boy)             | Cold Holding  | 37                       |  |  |  |  |
| Raw beef (low boy)                | Cold Holding  | 37                       |  |  |  |  |
| Cut leafy greens (salad reach in) | Cold Holding  | 39                       |  |  |  |  |
| Raw shrimp (walk in)              | Cold Holding  | 39                       |  |  |  |  |
| Raw Salmon (walk in)              | Cold Holding  | 38                       |  |  |  |  |
| Teriyaki soup                     | Hot Holding   | 153                      |  |  |  |  |
|                                   |               |                          |  |  |  |  |
|                                   |               |                          |  |  |  |  |
|                                   |               |                          |  |  |  |  |
|                                   |               |                          |  |  |  |  |
|                                   |               |                          |  |  |  |  |

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



#### Establishment Information

Establishment Name: Sushi City

Establishment Number: 605310540

#### 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: (IN) Parasite destruction paperwork 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: (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: Establishmemt using TILT procedures correctly with sushi rice.
- 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: Sushi City

Establishment Number : 605310540

Comments/Other Observations (cont'd)

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

## Establishment Information Establishment Name: Sushi City

Establishment Number # 605310540

| Sources |         |                                     |                                  |  |  |  |  |
|---------|---------|-------------------------------------|----------------------------------|--|--|--|--|
| Food    | Source: | A&D                                 |                                  |  |  |  |  |
| Water   | Source: | Public                              |                                  |  |  |  |  |
|         | Source: |                                     |                                  |  |  |  |  |
|         | Source: |                                     |                                  |  |  |  |  |
|         | Source: |                                     |                                  |  |  |  |  |
|         |         | Water Source:<br>Source:<br>Source: | WaterSource:PublicSource:Source: |  |  |  |  |

#### Additional Comments

Responded to complaint called into the Hamilton County Health Department on 9/21/22 about customer allegedly becoming ill after eating sushi on 9/16/22. Routine inspected conducted. All TCS foods checked at establishment held cold at 41°F or below or hot held at 135°F or above. Sushi prep employees wearing gloves, no food prep employees reported illness in past 2 weeks per PIC, dishwasher working properly sanitizing dishes at 50ppm CL, good handwashing observed during inspection by food prep employees.