TENNESSEE DEPARTMENT OF HEALTH OD SERVICE ESTABLISHMENT INSPECTION REPORT

6/-30

(All and a second seco			FOOD SERVICE ESTABLISHMENT INSPECTION REPORT SCORE																			
	1744	E C	7																			
Establ	ishma	et Na	1000	Formosa												E Don		ket Food U O Mobi		ノレ		
Addres				5425 Hw	y 153 Su	ite 129					_	Тур	e of E	Establi	ishme	int		O Seas	~ `		J	
City	22			Hixson	, 		Timo k	02	··2	0 F	M		1/0	и та	ma 0.	ut 02:40			/ PM			
Inspec	tion (hate.		08/04/2	022 Est	ablishment #	60524932					-	d 0		ine or				1 1 1 1			
Purpor			ction	ORoutine	回日 御Follo		O Complaint			- O Pre			-		Cor	nsultation/Oth	er				_	
Risk C				01	\$22		03			04		,				up Required		Yes 👰	No Numbe	r of Seats	97	7
	_				preparation									rep	ortec	to the Cer			se Control and Provent illness or inju	vention		
						FOODBORN	NE ILLNESS RI	SK F	ACTO	ORS .	AND	PUI	BLIC	HEA	ЦТН	INTERVEN	TIONS	,				
IN=ir	(C				ntatus (IN, OUT, pliance NA=n		NO=not observ		ite ma							ach Item as ay ipection			white for category or an lation of the same code p		9	
			_		ompliance S	itatus	110 101 00001		R		Ē					Con	nplian	ce Statu	•	COS	R	WT
		-	NO	Person in char		rvision monstrates k	nowledge, and			_		IN	ουτ	NA	NO	-		-	of Time/Temperatu y (TCS) Foods	•		
1 8				performs dutie	6	ee Health	nonneoge, one	0	0	5		00	00			Proper cooki Proper rehea				0	8	5
23	0				and food emplo	yee awarene	ss; reporting	_	0	5	Ť	IN	олт						Marking, and Time	_	10	
3 🖇	_		NO		Good Hygler			0	0	-	18	0	0	0		Proper coolin			th Control	-	0	
4 2	10	-	0	Proper eating.	tasting, drinkin	g. or tobacco	use	0	0	5	19	家	0	0	õ	Proper hot ho	olding te	mperature	15	0	0	1
	1 00	TNA	NO		enting Centa	mination by			0		20	100	00	0		Proper cold h Proper date r				8	8	5
6 B	_	—	_	Hands clean a No bare hand			ods or approved	0	0 0	5	22	0	0	×	-	Time as a pu			procedures and reco	ds O	0	
8 2	8 0				edures followed sinks properly s		accessible		0	2	23	N O	OUT	NA X	NO	Consumer ad		nsumer A provided fo	dvisory or raw and undercooks	d o	0	
9 X		_	NO	Food obtained		d Source		0	0	_		IN	OUT		NO	food	ghly Se	sceptibl	e Populations	Ť	10	-
	0 0			Food received		perature	rated	0		5	24	0	0	88		Pasteurized f	foods us	sed; prohib	ited foods not offered	0	0	5
12 C	_	1.0	0	Required record				ŏ	ŏ		H	IN	OUT	NA	NO			Chemic	als		-	
IN		T NA	NO		etection from		ation	-			25	0	0	X					properly used		0	5
13 5 14 5					d and protecter surfaces: clean	-	zed	8	8	4	26	N N	OUT	NA	NO				itified, stored, used proved Procedures	- 0	0	
15 🔉	10		_	Proper disposi served	tion of unsafe f	lood, returned	d food not re-	0	0	2	27	0	0	災		Compliance HACCP plan		iance, spe	cialized process, and	0	0	5
			Go	d Retail Pra	ctices are p	reventive r	measures to c	ontro	l the	intro	duc	tion	of p	atho	gens	, chemical	s, and	physica	l objects into food	s.		
										ат/Л			ICE	8								
		_	00		ompliance S		COS=com		R		Inspe						mplia	nce Stat			R	WT
28	00	_	steuriz	ed eggs used w	here required	Water		0	0	1	4		UT K	ood a	nd no			nd Equips is cleanab	nent le, properly designed,	0	0	
29 30				d ice from appro obtained for spe		ssing method	5	8	0	2	\vdash	+	- 0			and used			and the station		+	Ľ.
	00	-		Feed oling methods u	Temperatur		or here executives	_			40		_			gracilities, ins stact surfaces		maintaineo	l, used, test strips	0	0	1
31	0	con	trol				or temperature	0	0	2		0	UT			P	hysica	i Facilitie				
32		_		thawing methor		ig		8	8	1	4	_				water availat stalled; proper					8	2
34	0	-	mom	eters provided a	and accurate ood identific	ation		0	0	1	5	_	-			waste water s: properly co				0	00	
35	0	-	od prog	erly labeled; or			ords available	0	0	1	5	_	_			use properly d				0	6	1
	ou	T		Prevention	on of Feed Co	ontaminatio	m				5	1	R P	hysica	al faci	lities installed	, mainta	ined, and	clean	0	0	1
36	0	Ins	ects, n	odents, and anir	nals not preser	nt		0	0	2	54	•	0 A	vdequa	ite ve	ntilation and I	ighting;	designate	d areas used	0	0	1
37	0	Cor	ntarnin	ation prevented	during food pri	eparation, sto	orage & display	0	0	1		0	υτ			Ad	minist	ative ite	ms			
38	-			cleanliness oths; properly us	sed and stored			0	0	1	50					nit posted inspection po	sted				0	
40		Wa		fruits and veget	ables				0	1		-	_			Co	mplian	ce Statu				WT
41	12	In-s		nsils; properly s					0		57					with TN Non-	Smoker	Protection	tection Act Act	X	0	1.
42 43	0	Sin	gle-us	equipment and I e/single-service						1	53 55	5	_			ducts offered oducts are so			completed	0	00	l °
44				sed properly	a la constante				0	_												
service	establ	lishm	int per	nit. Items identifie	ed as constitutin	g imminent he	alth hazards shall b	e corre	cted is	mmedi	ately (or ope	ration	ns shal	l ceas	e. You are requ	uired to p	oost the foo	risk factor may result in d service establishment projectorer within ten (10	permit in a	cons	picuous
report.	T.C.A	ost th secti	ons 68	907	, 68-14-708, 68-14	5-709, 68-14-71	ver. You have the rig 1, 68-14-715, 68-14-7	16, 4-5	320.	c a hea	nng n	ogard	ing th	is repo	n by I	ning a written r	equest v	nim the Con	nmissioner within ten (10	carys of th	e dat	e of this
\leq	\leq	-	Ś	HK -			08/0			2			(%	0	H	5				08/	04/2	2022
Signa	ture o	f Per	son Ir	h Charge					(Date	Sig	natu	re of	Envir	onme	ental Health \$	Special	ist				Date
					**** Additiona	al food safet	y information car	n be fo	und	on ou	r web	site,	http	c//tn.g	jow/h	ealth/article	/eh-foo	dservice	****			

PH-2267 (Rev. 6-15)	Free food safety training ck	RDA 629		
rrs2201 (new. 0-10)	Please call () 4232098110	to sign-up for a class.	104 025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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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 Maohine Name Sanitizer Type PPM Temperature (Fahrenheit)

Equipment Temperature	
Description	Temperature (Fahrenheit)

Description	State of Food	Temperature (Fahrenheit

Observed Violations	
Total # 5 Repeated # 0	\neg
Repeated # ()	
39:	
41:	
45:	
47:	
53:	
33.	
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Comments/Other Observations	
D: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9	
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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.

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Sources		
Source Type:	Source:	
Additional Comments		

Dish machine dispensing at 100 ppm