



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

90

Establishment Name Formosa Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile

Address 5425 Hwy 153 Suite 129 ☐ Temporary ☐ Seasonal

City Hixson Time in 12:50 PM AM / PM Time out 01:35 PM AM / PM

Inspection Date 08/04/2022 Establishment # 605249329 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 97

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													
<b>Supervision</b>																													
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties										O	O	5												
<b>Employee Health</b>																													
2	IN	OUT	NA	NO	Management and food employee awareness, reporting										O	O	5												
3	IN	OUT	NA	NO	Proper use of restriction and exclusion										O	O	5												
<b>Good Hygienic Practices</b>																													
4	IN	OUT	NA	NO	Proper eating, tasting, drinking, or tobacco use										O	O	5												
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth										O	O	5												
<b>Preventing Contamination by Hands</b>																													
6	IN	OUT	NA	NO	Hands clean and properly washed										O	O	5												
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternate procedures followed										O	O	5												
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible										O	O	2												
<b>Approved Source</b>																													
9	IN	OUT	NA	NO	Food obtained from approved source										O	O	5												
10	IN	OUT	NA	NO	Food received at proper temperature										O	O	5												
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated										O	O	5												
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction										O	O	5												
<b>Protection from Contamination</b>																													
13	IN	OUT	NA	NO	Food separated and protected										O	O	4												
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized										O	O	5												
15	IN	OUT	NA	NO	Proper disposition of unsafe food, returned food not re-served										O	O	2												

  

Compliance Status										COS			R			WT		
<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>																		
16	IN	OUT	NA	NO	Proper cooking time and temperatures										O	O	5	
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding										O	O	5	
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>																		
18	IN	OUT	NA	NO	Proper cooling time and temperature										O	O	5	
19	IN	OUT	NA	NO	Proper hot holding temperatures										O	O	5	
20	IN	OUT	NA	NO	Proper cold holding temperatures										O	O	5	
21	IN	OUT	NA	NO	Proper date marking and disposition										O	O	5	
22	IN	OUT	NA	NO	Time as a public health control: procedures and records										O	O	5	
<b>Consumer Advisory</b>																		
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food										O	O	4	
<b>Highly Susceptible Populations</b>																		
24	IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered										O	O	5	
<b>Chemicals</b>																		
25	IN	OUT	NA	NO	Food additives: approved and properly used										O	O	5	
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used										O	O	5	
<b>Conformance with Approved Procedures</b>																		
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan										O	O	5	

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

## GOOD RETAIL PRACTICES

OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)								
Compliance Status										COS			R			WT		
<b>Safe Food and Water</b>																		
28	OUT	Pasteurized eggs used where required										O	O	1				
29	OUT	Water and ice from approved source										O	O	2				
30	OUT	Variance obtained for specialized processing methods										O	O	1				
<b>Food Temperature Control</b>																		
31	OUT	Proper cooling methods used; adequate equipment for temperature control										O	O	2				
32	OUT	Plant food properly cooked for hot holding										O	O	1				
33	OUT	Approved thawing methods used										O	O	1				
34	OUT	Thermometers provided and accurate										O	O	1				
<b>Food Identification</b>																		
35	OUT	Food properly labeled; original container; required records available										O	O	1				
<b>Prevention of Food Contamination</b>																		
36	OUT	Insects, rodents, and animals not present										O	O	2				
37	OUT	Contamination prevented during food preparation, storage & display										O	O	1				
38	OUT	Personal cleanliness										O	O	1				
39	OUT	Wiping cloths: properly used and stored										O	O	1				
40	OUT	Washing fruits and vegetables										O	O	1				
<b>Proper Use of Utensils</b>																		
41	OUT	In-use utensils; properly stored										O	O	1				
42	OUT	Utensils, equipment and linens; properly stored, dried, handled										O	O	1				
43	OUT	Single-use/single-service articles; properly stored, used										O	O	1				
44	OUT	Gloves used properly										O	O	1				

  

Compliance Status										COS			R			WT		
<b>Utensils and Equipment</b>																		
45	OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used										O	O	1				
46	OUT	Warewashing facilities, installed, maintained, used, test strips										O	O	1				
47	OUT	Nonfood-contact surfaces clean										O	O	1				
<b>Physical Facilities</b>																		
48	OUT	Hot and cold water available; adequate pressure										O	O	2				
49	OUT	Plumbing installed; proper backflow devices										O	O	2				
50	OUT	Sewage and waste water properly disposed										O	O	2				
51	OUT	Toilet facilities: properly constructed, supplied, cleaned										O	O	1				
52	OUT	Garbage/refuse properly disposed; facilities maintained										O	O	1				
53	OUT	Physical facilities installed, maintained, and clean										O	O	1				
54	OUT	Adequate ventilation and lighting; designated areas used										O	O	1				
<b>Administrative Items</b>																		
55	OUT	Current permit posted										O	O	0				
56	OUT	Most recent inspection posted										O	O	0				
<b>Compliance Status</b>																		
<b>Non-Smokers Protection Act</b>																		
57	OUT	Compliance with TN Non-Smoker Protection Act										O	O	0				
58	OUT	Tobacco products offered for sale										O	O	0				
59	OUT	If tobacco products are sold, NSPA survey completed										O	O	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 08/04/2022 Signature of Environmental Health Specialist [Signature] Date 08/04/2022

\*\*\*\* 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**



<b>Establishment Information</b>	
Establishment Name:	Formosa
Establishment Number #:	605249329

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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.	

<b>Warewashing Info</b>			
<b>Machine Name</b>	<b>Sanitizer Type</b>	<b>PPM</b>	<b>Temperature ( Fahrenheit)</b>
Dish machine	Chlorine	0	
Sani bucket	Chlorine	100	

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>
Rice	Hot Holding	156
Rice	Hot Holding	145
Hot and sour soup	Hot Holding	176
Raw chx	Cold Holding	39
Raw shrimp	Cold Holding	40
Chicken	Cold Holding	41

### Observed Violations

Total # 6

Repeated # 0

14: Dish machine at 0 ppm. Out if chlorine chemical. Will use 3 sink.  
39: Wet wiping cloths not stored in sanitizer bucket  
41: Rice scoop held in room temp standing water  
45: Multiple containers in poor repair.  
47: Build up on walkin shelves.  
53: Walls in poor repair.

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**Establishment Information**

Establishment Name: Formosa

Establishment Number : 605249329

**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 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: Hands washed
- 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: Approved
- 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.
- 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 food temps
- 20: See food temps - new line cooler
- 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:
- 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.

**Establishment Information**

Establishment Name: Formosa

Establishment Number : 605249329

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)**

***See last page for additional comments.***



**Establishment Information**

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Establishment Number #: 605249329

**Sources**

Source Type:	Water	Source:	HUD
Source Type:	Food	Source:	Sysco
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

**Additional Comments**