

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Brewhaus Permanent O Mobile Establishment Name Type of Establishment 224 Frazier Ave. O Temporary O Seasonal Address Chattanooga Time in 03:00 PM AM / PM Time out 03:05: PM AM / PM City 08/04/2023 Establishment # 605216210 Embargoed 0 Inspection Date 日本 Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

О3

Number of Seats 44

Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

status (IN, OUT, NA, NO) for ea

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | | | | 0 | |
|--|-------------------|-----|----|--------|---|---|---|----|
| | Compliance Status | | | | | | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 氮 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | -MC | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | 寒 | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | 0 |
| | IN | OUT | NA | 100.00 | Proventing Contamination by Hands | | | |
| 6 | 滋 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 왮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | XX. | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| Ť | IN | OUT | NA | NO | Approved Source | - | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | 黛 | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| | | | | | Compliance Status | COS | R | WT |
|----|----|-----|----------|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 寒 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | |
| 22 | 0 | 0 | × | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | × | 0 | 0 | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 黨 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | , |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

O Yes 疑 No

s to control the introduction of pathoge s, chemicals, and physical objects into foods.

PRACTICES

| | | | GOO | D R | ч. |
|----|-----|--|-----|-----|----|
| | | OUT=not in compliance COS=com | | | |
| | | Compliance Status | cos | R | WT |
| | OUT | Safe Food and Water | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | Water and ice from approved source | 0 | 0 | 2 |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | 1 |
| | OUT | Food Temperature Control | | _ | _ |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | 2 |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | 1 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container, required records available | 0 | 0 | 1 |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | 2 |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | 1 |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | 1 |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | 1 |
| | OUT | Proper Use of Utensiis | | | |
| 41 | 120 | In-use utensils; properly stored | 0 | 0 | 1 |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | 1 |
| 44 | 0 | Gloves used properly | 0 | 0 | 1 |

| spect | ion | R-repeat (violation of the same code provision | | _ | |
|-------|-------------------------|--|------|----|----|
| | | Compliance Status | cos | R | WT |
| | OUT | | | _ | |
| 45 | Ħ | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT Physical Facilities | | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | 2 |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | 2 |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 3% | Physical facilities installed, maintained, and clean | 0 | 0 | 1 |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | ि | 0 | 6 |
| 56 | 0 | Most recent inspection posted | 0 | 0 | ۰ |
| | Compliance Status | | YES | NO | WT |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 3% | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

ten (10) days of the date of the

08/04/2023

Date Signature of Environmental Health Specialist

08/04/2023 Date

Signature of Person In Charge

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

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 4232098110 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | |
|--|-------------------------------|-------------------------------|-------------------------|----------|
| Establishment Name: Brewhaus | | | | |
| Establishment Number #: 605216210 | | | | |
| | | | | |
| NSPA Survey - To be completed if | | | | |
| Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older. | trict access to its buildings | or facilities at all times to | persons who are | |
| Age-restricted venue does not require each per | son attempting to gain entr | y to submit acceptable f | form of identification. | |
| | | | | |
| "No Smoking" signs or the international "Non-S | moking" symbol are not cor | rspicuously posted at ex | very entrance. | |
| Garage type doors in non-enclosed areas are r | ot completely open. | | | |
| | | | | |
| Tents or awnings with removable sides or vents | s in non-enclosed areas are | not completely remove | ed or open. | |
| Smoke from non-enclosed areas is infiltrating in | nto areas where smoking is | prohibited. | | |
| | | | | |
| Smoking observed where smoking is prohibited | i by the Act. | | | |
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| Warewashing Info | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fat | renhelt) |
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| Equipment Temperature | | | | |
| Description | | | Temperature (Fah | renhelt) |
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| Food Temperature | | | | |
| Description | | State of Food | Temperature (Fah | renhelt) |
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| Observed Violations |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | |
|---------------------------------|--|--|--|--|--|
| Establishment Name: Brewhaus | | | | | |
| Establishment Number: 605216210 | | | | | |

| Comments/Other Observations | |
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Additional Comments

See last page for additional comments.

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| Establishment Information | |
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| Establishment Name: Brewhaus | |
| Establishment Number: 605216210 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
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| Establishment Inform | nation |
|-------------------------|--|
| | ewhaus |
| Establishment Number #: | 605216210 |
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| Sources | |
| Source Type: | Source: |
| Additional Comme | nts |
| Handwash is stocked | d with paper towels accessible near sink. Ensure proper handwashing as required. |
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