

**TENNESSEE DEPARTMENT OF HEALTH**  
**FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

**SCORE**

# 100

|                       |                                   |                                            |                                 |                                                                         |                                                                                  |          |
|-----------------------|-----------------------------------|--------------------------------------------|---------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------|
| Establishment Name    | Cajun Oasis                       |                                            | Type of Establishment           | <input checked="" type="radio"/> Farmer's Market Food Unit              | 100                                                                              |          |
| Address               | 2100 Hamilton Place Blvd Unit 302 |                                            |                                 | <input checked="" type="radio"/> Permanent <input type="radio"/> Mobile |                                                                                  |          |
| City                  | Chattanooga                       | Time in                                    | 02:20 PM                        | <input type="radio"/> Temporary <input type="radio"/> Seasonal          |                                                                                  |          |
| Inspection Date       | 04/25/2023                        | Establishment #                            | 605258923                       | Time out                                                                |                                                                                  | 02:30 PM |
| Purpose of Inspection | <input type="radio"/> Routine     | <input checked="" type="radio"/> Follow-up | <input type="radio"/> Complaint | <input type="radio"/> Preliminary                                       | <input type="radio"/> Consultation/Other                                         | 0        |
| Risk Category         | <input type="radio"/> 1           | <input checked="" type="radio"/> 2         | <input type="radio"/> 3         | <input type="radio"/> 4                                                 | Follow-up Required <input type="radio"/> Yes <input checked="" type="radio"/> No |          |

**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 (IK, 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> | 5                                               |  |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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 checked="" 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  |

**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 | Compliance Status |                                                 |     |                            | COS                                                                                   | R   | WT                               |                       |   |
|                       | OUT                   | Safe Food and Water                                                     |  |                                         |                       |    |                   |                                                 | OUT | Utensils and Equipment     |                                                                                       |     |                                  |                       |   |
| 28                    | <input type="radio"/> | Pasteurized eggs used where required                                    |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 45  | <input type="radio"/>      | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     | <input type="radio"/>            | <input type="radio"/> | 1 |
| 29                    | <input type="radio"/> | Water and ice from approved source                                      |  | <input type="radio"/>                   | <input type="radio"/> | 2  |                   |                                                 | 46  | <input type="radio"/>      | Warewashing facilities, installed, maintained, used, test strips                      |     | <input type="radio"/>            | <input type="radio"/> | 1 |
| 30                    | <input type="radio"/> | Variance obtained for specialized processing methods                    |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 47  | <input type="radio"/>      | Nonfood-contact surfaces clean                                                        |     | <input type="radio"/>            | <input type="radio"/> | 1 |
|                       | OUT                   | Food Temperature Control                                                |  |                                         |                       |    |                   |                                                 |     | OUT                        | Physical Facilities                                                                   |     |                                  |                       |   |
| 31                    | <input type="radio"/> | Proper cooling methods used; adequate equipment for temperature control |  | <input type="radio"/>                   | <input type="radio"/> | 2  |                   |                                                 | 48  | <input type="radio"/>      | Hot and cold water available; adequate pressure                                       |     | <input type="radio"/>            | <input type="radio"/> | 2 |
| 32                    | <input type="radio"/> | Plant food properly cooked for hot holding                              |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 49  | <input type="radio"/>      | Plumbing installed; proper backflow devices                                           |     | <input type="radio"/>            | <input type="radio"/> | 2 |
| 33                    | <input type="radio"/> | Approved thawing methods used                                           |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 50  | <input type="radio"/>      | Sewage and waste water properly disposed                                              |     | <input type="radio"/>            | <input type="radio"/> | 2 |
| 34                    | <input type="radio"/> | Thermometers provided and accurate                                      |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 51  | <input type="radio"/>      | Toilet facilities: properly constructed, supplied, cleaned                            |     | <input type="radio"/>            | <input type="radio"/> | 1 |
|                       | OUT                   | Food Identification                                                     |  |                                         |                       |    |                   |                                                 | 52  | <input type="radio"/>      | Garbage/refuse properly disposed; facilities maintained                               |     | <input type="radio"/>            | <input type="radio"/> | 1 |
| 35                    | <input type="radio"/> | Food properly labeled; original container; required records available   |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 53  | <input type="radio"/>      | Physical facilities installed, maintained, and clean                                  |     | <input type="radio"/>            | <input type="radio"/> | 1 |
|                       | OUT                   | Prevention of Food Contamination                                        |  |                                         |                       |    |                   |                                                 | 54  | <input type="radio"/>      | Adequate ventilation and lighting; designated areas used                              |     | <input type="radio"/>            | <input type="radio"/> | 1 |
| 36                    | <input type="radio"/> | Insects, rodents, and animals not present                               |  | <input type="radio"/>                   | <input type="radio"/> | 2  |                   |                                                 |     | OUT                        | Administrative Items                                                                  |     |                                  |                       |   |
| 37                    | <input type="radio"/> | Contamination prevented during food preparation, storage & display      |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 55  | <input type="radio"/>      | Current permit posted                                                                 |     | <input type="radio"/>            | <input type="radio"/> | 0 |
| 38                    | <input type="radio"/> | Personal cleanliness                                                    |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 56  | <input type="radio"/>      | Most recent inspection posted                                                         |     | <input type="radio"/>            | <input type="radio"/> |   |
| 39                    | <input type="radio"/> | Wiping cloths: properly used and stored                                 |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 |     | Compliance Status          |                                                                                       | YES | NO                               | WT                    |   |
| 40                    | <input type="radio"/> | Washing fruits and vegetables                                           |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 |     | Non-Smokers Protection Act |                                                                                       |     |                                  |                       |   |
|                       | OUT                   | Proper Use of Utensils                                                  |  |                                         |                       |    |                   |                                                 | 57  |                            | Compliance with TN Non-Smoker Protection Act                                          |     | <input checked="" type="radio"/> | <input type="radio"/> |   |
| 41                    | <input type="radio"/> | In-use utensils; properly stored                                        |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 58  |                            | Tobacco products offered for sale                                                     |     | <input type="radio"/>            | <input type="radio"/> | 0 |
| 42                    | <input type="radio"/> | Utensils, equipment and linens; properly stored, dried, handled         |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 | 59  |                            | If tobacco products are sold, NSPA survey completed                                   |     | <input type="radio"/>            | <input type="radio"/> |   |
| 43                    | <input type="radio"/> | Single-use/single-service articles; properly stored, used               |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 |     |                            |                                                                                       |     |                                  |                       |   |
| 44                    | <input type="radio"/> | Gloves used properly                                                    |  | <input type="radio"/>                   | <input type="radio"/> | 1  |                   |                                                 |     |                            |                                                                                       |     |                                  |                       |   |

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, 4-5-320.

|                                                                                     |            |                                                                                      |            |
|-------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------|------------|
|  | 04/25/2023 |  | 04/25/2023 |
| Signature of Person In Charge                                                       | Date       | Signature of Environmental Health Specialist                                         | Date       |

\*\*\*\* 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**



**Establishment Information**

Establishment Name: **Cajun Oasis**  
Establishment Number #: **605258923**

**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) |
|--------------|----------------|-----|---------------------------|
|              |                |     |                           |

**Equipment Temperature**

| Description | Temperature ( Fahrenheit) |
|-------------|---------------------------|
|             |                           |

**Food Temperature**

| Description | State of Food | Temperature ( Fahrenheit) |
|-------------|---------------|---------------------------|
|             |               |                           |

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



***Establishment Information***

Establishment Name: Cajun Oasis

Establishment Number : 605258923

***Comments/Other Observations***

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\*\*\*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: Cajun Oasis

Establishment Number : 605258923

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

**Establishment Information**

|                         |             |
|-------------------------|-------------|
| Establishment Name:     | Cajun Oasis |
| Establishment Number #: | 605258923   |

**Sources**

|              |         |
|--------------|---------|
| Source Type: | Source: |
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**Additional Comments**

#20 corrected. No longer using lowboy unit. Ordered new unit.