TENNESSEE DEPARTMENT OF HEALTH VICE ESTABLISHMENT INSPECTION REPO D CE

| | | | 10.00 | | | | | FOO |)D SI | ERVI | CE EST/ | ABL | ISI | IM | EN | T II | NSI | PEC | TI | ON REPORT | sco | RE | | |
|---------------|-------|----------|----------------|---------|------------------|-------------------------|-----------|-----------|----------------------|------------|--------------------|---------|---------|--------|-------------------|-----------------|------------|----------|---------|--|---------------------|--------------|----------|---------|
| Q | | | and a | | | | | | | | | | | | | | | | | | | | | |
| Estal | blish | men | t Nar | | Ra | lfael's | | | | | | | | | | | | | | Farmer's Market Food Unit Permanent O Mobile | 9. | | | |
| Addr | | | | | 38 | 77 Hix | son | Pike | 3 | | | | | | _ | Тур | xe of t | Establi | ishme | O Temporary O Seasonal | J. | | | |
| City | | | | | Ch | attanc | oga | | | | Time | . 02 | 2:3 | 0 F | ^{>} M | 4 | M/P | и та | ma ni | ut 02:45; PM AM / PM | | | | |
| | | | | | 05 | /20/2 | 202 | 2 - | at a b E a b a | | 60524937 | | | | Emb | _ | | | 1110 01 | <u> </u> | | | | |
| Inspe | | | | | | outine | | | | nent# | | | | _ | | | | | | nsultation/Other | | | | |
| | | | spect | noc | | outine | | | llow-up | | O Complain | t | | | elimir | iary | | | | | | | 60 | |
| Risk | Cate | | | act | O1 | are food | prep | aratio | n prac | tices a | O3 nd employee | beh | vio | 04 | ost c | omn | nonh | | | up Required O Yes 🗮 No I to the Centers for Disease Conti | Number of S | eats tion | 03 | |
| | | | | | | | | | foodbor | rne illn | ess outbreak | us. P | ubli | c He | aith | Inte | rven | tions | are | control measures to prevent illne | | | | |
| | | (Me | rk de | elgnel | ted o | ompliance | status | (IN, OU | | | | | | | | | | | | INTERVENTIONS ach item as applicable. Deduct points for c | ategory or subcate | gory.) |) | |
| IN- | in co | mpīi | ance | | OUT | f=not in co | | | | | NO=not observ | | 1.0 | | 25 =∞ | rrecte | d on-s | ite duri | ing ins | spection R=repeat (violation of the | | | | |
| | IN 0 | оит | NA | NO | | | comp | | Status | | | cos | R | WT | | | 017 | | | Compliance Status Cooking and Reheating of Time/ | | cos | R | WT |
| \rightarrow | - | 0 | | | | | - | | | | wiedge, and | 0 | 0 | 5 | | IN | | NA | | Control For Safety (TCS) | eoda | _ | _ | |
| H | IN (| OUT | NA | NO | | orms duti | es | Emplo | yee He | eith | | - | - | - | | 0 家 | 0 | 0 | | Proper cooking time and temperatures Proper reheating procedures for hot hold | ng | 0 | 00 | 5 |
| 2 3 | _ | 0 | | | - | agement | | | | | s; reporting | 0 | 0 | 5 | | IN | оυт | NA | NO | Cooling and Holding, Date Marking | | | | |
| L L' | | - | NA | NO | | per use or | | | enic Pri | | | - | 10 | | 18 | 0 | 0 | 0 | 33 | a Public Health Centre Proper cooling time and temperature | | 0 | o | |
| 4 | 1 | 0 | | 0 | Prop | per eating discharge | | | | | 150 | 0 | 0 | 5 | 19 | ŝ | 0 | 0 | õ | Proper hot holding temperatures Proper cold holding temperatures | | 0 | 00 | |
| | IN (| OUT | NA | NO | | Pret | ventin | ng Conf | taminat | | Hands | | | | 21 | 2 | | ŏ | | Proper date marking and disposition | | ŏ | ŏ | 5 |
| _ | | 0 | 0 | 0 | | ds clean a bare hand | | <u> </u> | | -eat food | is or approved | 0 | 0 | 5 | 22 | 0 | 0 | × | | Time as a public health control: procedur | es and records | 0 | 0 | |
| 8 | | | - | - | | mate proc dwashing | | | | and and a | ccessible | | 6 | 2 | 23 | IN O | OUT | NA X | NO | Consumer Advisory Consumer advisory provided for raw and | undercooked | 0 | 0 | |
| 9 | | out O | NA | NO | Foo | d obtaine | | | ved Sourc | | | 0 | 0 | | L ²³ | IN | OUT | | NO | food Highly Susceptible Popula | tions | - | <u> </u> | - |
| 10 | 0 | õ | 0 | × | Foo | d receiver | d at pr | oper ten | mperature | 'e | and a | 0 | 0 | 5 | 24 | - | 0 | 88 | | Pasteurized foods used, prohibited foods | | 0 | 0 | 5 |
| 11 12 | _ | 0 | × | 0 | Req | | | | | | , parasite | 0 | 0 | ľ | | IN | OUT | - | NO | Chemicals | | | | |
| H | IN (| OUT | NA | NO | | truction P | rotect | tion fre | em Cent | taminaf | tion | | - | | 25 | 0 | 0 | X | | Food additives: approved and properly u | sed | 0 | | 5 |
| 13 14 | | 8 | 8 | | <u> </u> | d separat d-contact | | | | 1 sanitize | d | 8 | 0 | 4 | 26 | <u> 京</u> IN | O OUT | NA | NO | Toxic substances properly identified, stor Conformance with Approved P | | 0 | 0 | - |
| | | 0 | | | _ | per dispos | | | | | ood not re- | 0 | 0 | 2 | 27 | _ | 0 | 8 | | Compliance with variance, specialized pr HACCP plan | | 0 | 0 | 5 |
| | - | _ | | Goo | | etail Pre | etice | | | the m | ensures to c | ontro | 1 494 | . inte | - | tion | of a | atho | | , chemicals, and physical objects | isto foods | | | |
| | | | | | | | i c trot | | | | | | | | IL PR | | | | yena | , chemicals, and physical object | ninto nooda. | | | |
| | | | | OU | JT≈no | t in complia | | | - | | COS=con | ected o | n-site | durin | | | | | | R-repeat (violation of the sam | | 000 | | 14/7 |
| | _ | OUT | | | | 8 | ate F | ood an | Status d Water | | | | R | | | 0 | UT | | | Compliance Status Utensils and Equipment | | COS | R | WI |
| 28 | | | | | | gs used v from appr | | | 3 | | | 8 | 0 | 1 2 | 4 | 5 1 | | | | infood-contact surfaces cleanable, proper and used | y designed, | 0 | 0 | 1 |
| 30 | _ | 0 OUT | Varia | ince o | obtair | ned for sp | | | cessing m ure Com | | | Ó | 0 | 1 | 4 | 6 | o v | Varew | ashin | g facilities, installed, maintained, used, te | st strips | 0 | 0 | 1 |
| 31 | - | 0 | | | oling | | | | | | temperature | 0 | 0 | 2 | 4 | _ | | lonfoo | d-cor | ntact surfaces clean | | 0 | 0 | 1 |
| 32 | | 0 | contr Plant | | d prop | erly cook | ed for | hot hok | ding | | | | 0 | | 4 | | UT O⊦ | lot and | 1 cold | Physical Facilities I water available; adequate pressure | | 0 | o | 2 |
| 33 | _ | | <u> </u> | | | ing metho | | | | | | 0 | 0 | 1 | 4 | | _ | | | stalled; proper backflow devices | | | 0 | 2 |
| 34 | | out | inen | nome | eters | provided | | | fication | | | 0 | 0 | 1 | 5 | | | | | I waste water properly disposed es: properly constructed, supplied, cleaner | 5 | 0 | 0 | 2 |
| 35 | ; | 0 | Food | i prop | perty I | labeled; o | riginal | contain | ier; requi | ired reco | rds available | 0 | 0 | 1 | 5 | 2 | | | | use properly disposed; facilities maintaine | | 0 | 0 | 1 |
| | | OUT | | | | Prevent | ion of | Food | Contam | ination | 1 | | - | | 5 | 3 2 | R P | hysica | al faci | ilities installed, maintained, and clean | | 0 | 0 | 1 |
| 36 | • | × | Insec | rts, ro | odent | s, and an | imals r | tot pres | ent | | | 0 | 0 | 2 | 5 | 4 | 0 A | vdequa | ste ve | intilation and lighting; designated areas us | ed | 0 | 0 | 1 |
| 37 | ' | | | | | | d durin | g food p | preparati | ion, stora | age & display | 0 | 0 | 1 | | | UT | | | Administrative items | | | _ | |
| 38 | | - | - | | | liness properly u | ised ar | nd store | ed | | | 0 | 0 | 1 | | | | | | nit posted inspection posted | | 0 | | 0 |
| 40 |) | 0 | | | | and vege | tables | | | | | | ŏ | 1 | Ľ | | - I. | | | Compliance Status | | YES | | WT |
| 41 | | OUT | D-US | e ute | insils | properly | | | Utensii | ls . | | 0 | 0 | 1 | 5 | 7 | - | Comol | ance | Non-Smokers Protection / with TN Non-Smoker Protection Act | | X | 0 | |
| 42 | 2 | 0 | Uten | sils, e | equip | ment and | linens | ; proper | | | | 0 | 0 | 1 | 5 | 8 | T | obacc | o pro | ducts offered for sale | | 0 | 0 | 0 |
| 43 | | 8 | Singl | e-use | e/sing sed pr | gle-servici roperly | e artici | es; prop | perly stor | red, used | 1 | | 8 | | 5 | 9 | H | tobac | co pr | oducts are sold, NSPA survey completed | | 0 | 0 | |
| _ | | | | | | | ctor iter | ms withi | in ten (10) | davs me | y result in susce | | | | servic | | ablishe | ment p | ermit. | Repeated violation of an identical risk factor | may result in revea | ation | of yos | ar food |
| servic | e es | tablis | hmen | t perm | mit. Ite | ems identif | fed as | constitut | ting immir | nent healt | th hazards shall I | be com | ected i | immed | liately | or op | eration | ns shall | l ceas | e. You are required to post the food service e filing a written request with the Commissioner | stablishment permit | in a c | onsp | icuous |
| repor | | | | | | | | | | | 68-14-715, 68-14- | | | | | _ | | | | A | | | | |
| 0 | 6 | 1 | 1 | A | | 10 | 2 | | | | 05/ | 20/2 | 202 | 2 | _ | | $\langle $ | <u>}</u> | ¥ | The second secon | C |)5/2 | 20/2 | 2022 |

| Signature | of Per | son In C | harge |
|-----------|--------|----------|-------|
|-----------|--------|----------|-------|

Date Signature of Environmental Health Specialist

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

| PH-2267 (Rev. 6-15) | Free food safety training ck | RDA 629 | | |
|----------------------|------------------------------|--------------|-------------------------|--------|
| (19220) (1007, 0-10) | Please call (|) 4232098110 | to sign-up for a class. | 101020 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Rafael's Establishment Number #: 605249378

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) |
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| Food Temperature | State of Food | Temperature (Fahrenheit |
|------------------|---------------|-------------------------|
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| Observed Violations | _ |
|--|---|
| Total # 5 | |
| Repeated # 0 | |
| 36: | |
| 37: | |
| 45: | |
| 47: | |
| 53: | |
| 55. | |
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Establishment Information

Establishment Name: Rafael's

Establishment Number : 605249378

| Comments/Other Observations | | |
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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: Rafael's

Establishment Number: 605249378

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Rafael's Establishment Number # 605249378

SourcesSource Type:Source:Source Type:Source:Source Type:Source:Source Type:Source:Source Type:Source:

Additional Comments