

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Number of Seats 155

O Farmer's Market Food Unit Chick Fil A #3105 Remanent O Mobile Establishment Name Type of Establishment 5830 Brainerd Rd. O Temporary O Seasonal Address Chattanooga Time in 02:47; PM AM/PM Time out 03:16; PM AM/PM City 07/29/2022 Establishment # 605226536 Embargoed 0 Inspection Date ₩ Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Follow-up Required

О3

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed Co |                   |     |    |     |                                                                                           |   |   |    |
|-----------------------------------------------------------------------------|-------------------|-----|----|-----|-------------------------------------------------------------------------------------------|---|---|----|
|                                                                             | Compliance Status |     |    |     |                                                                                           |   | R | WT |
|                                                                             | IN                | OUT | NA | NO  | Supervision                                                                               |   |   |    |
| 1                                                                           | 邕                 | 0   |    |     | Person in charge present, demonstrates knowledge, and<br>performs duties                  |   | 0 | 5  |
|                                                                             | IN                | OUT | NA | NO  |                                                                                           |   |   |    |
| 2                                                                           | ЭK                | 0   |    |     | Management and food employee awareness; reporting                                         |   | 0 |    |
| 3                                                                           | 寒                 | 0   |    |     | Proper use of restriction and exclusion                                                   | 0 | 0 | 5  |
|                                                                             | IN                | OUT | NA | NO  | Good Hygienic Practices                                                                   |   |   |    |
| 4                                                                           | 0                 | 0   |    | X   | Proper eating, tasting, drinking, or tobacco use                                          | 0 | 0 |    |
| 5                                                                           | 黨                 | 0   |    | 0   | No discharge from eyes, nose, and mouth                                                   | 0 | 0 | •  |
|                                                                             |                   | OUT | NA | NO  | Preventing Contamination by Hands                                                         |   |   |    |
| 6                                                                           | 0                 | 0   |    | 300 | Hands clean and properly washed                                                           | 0 | 0 |    |
| 7                                                                           | 0                 | 0   | 0  | ×   | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0 | 0 | 5  |
| 8                                                                           | ×                 | 0   |    |     | Handwashing sinks properly supplied and accessible                                        |   | 0 | 2  |
|                                                                             | 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 | 5  |
| 12                                                                          | 0                 | 0   | ×  | 0   | Required records available: shell stock tags, parasite<br>destruction                     | 0 | 0 |    |
|                                                                             | IN                | OUT | NA | NO  | Protection from Contamination                                                             |   |   |    |
| 13                                                                          | Ŕ                 | 0   | 0  |     | Food separated and protected                                                              | 0 | 0 | 4  |
| 14                                                                          | ×                 | 0   | 0  |     | Food-contact surfaces: cleaned and sanitized                                              | 0 | 0 | 5  |
| 15                                                                          | 涎                 | 0   |    |     | Proper disposition of unsafe food, returned food not re-<br>served                        | 0 | 0 | 2  |

|    |    |     |    |    | Compliance Status                                                           | COS | R | WT |
|----|----|-----|----|----|-----------------------------------------------------------------------------|-----|---|----|
|    | IN | оит | NA | NO | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 | 0  | 0   | 0  | 文  | Proper cooking time and temperatures                                        | 0   | 0 | 5  |
| 17 | 0  | 0   | 0  | 3% | Proper reheating procedures for hot holding                                 | 0   | 0 | ٥  |
|    | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as<br>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 | 24 | 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<br>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 | оит | NA | NO | Chemicals                                                                   |     |   |    |
| 25 | 0  | 0   | X  |    | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26 | 2  | 0   |    |    | Toxic substances properly identified, stored, used                          | 0   | 0 | 9  |
|    | IN | OUT | NA | NO | Conformance with Approved Procedures                                        |     |   |    |
| 27 | 0  | 0   | ×  |    | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

O Yes 疑 No

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

L PRACTICES

|    |                         |                                                                            | G00 |   |   |
|----|-------------------------|----------------------------------------------------------------------------|-----|---|---|
|    |                         | OUT=not in compliance COS=corr                                             |     |   |   |
|    | OUT                     | Compliance Status Safe Food and Water                                      | cos | K | w |
| 00 | -                       |                                                                            | -   |   |   |
| 28 | 0                       | Pasteurized eggs used where required                                       | 0   | 0 | Ľ |
| 29 | 0                       | Water and ice from approved source                                         | 0   | 0 | _ |
| 30 | 0                       | Variance obtained for specialized processing methods                       | 0   | 0 | Ŀ |
|    | OUT                     | Food Temperature Control                                                   |     |   |   |
| 31 | 0                       | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | : |
| 32 | 0                       | Plant food properly cooked for hot holding                                 | 0   | 0 | Г |
| 33 | 0                       | Approved thawing methods used                                              | 0   | 0 |   |
| 34 | 0                       | Thermometers provided and accurate                                         | 0   | 0 | Г |
|    | OUT Food Identification |                                                                            |     |   |   |
| 35 | 0                       | Food properly labeled; original container; required records available      | 0   | 0 | , |
|    | OUT                     | Prevention of Food Contamination                                           |     |   |   |
| 36 | 0                       | Insects, rodents, and animals not present                                  | 0   | 0 | 1 |
| 37 | 0                       | Contamination prevented during food preparation, storage & display         | 0   | 0 |   |
| 38 | 0                       | Personal cleanliness                                                       | 0   | 0 | Г |
| 39 | 0                       | Wiping cloths; properly used and stored                                    | 0   | 0 | Г |
| 40 | 0                       | Washing fruits and vegetables                                              | 0   | 0 |   |
|    | OUT                     | Proper Use of Utensils                                                     |     |   | Т |
| 41 | 0                       | In-use utensils; properly stored                                           | 0   | 0 | Г |
| 42 | 0                       | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 |   |
| 43 | 0                       | Single-use/single-service articles; properly stored, used                  | 0   | 0 | Г |
| 44 | 10                      | Gloves used properly                                                       | 0   | 0 |   |

| rspect                                                          | ion                                                             | R-repeat (violation of the same code provision                                           | )   |    |    |
|-----------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------|-----|----|----|
|                                                                 | OUT                                                             | Compliance Status Utensils and Equipment                                                 | COS | R  | WT |
|                                                                 |                                                                 |                                                                                          |     |    |    |
| 45 O Food and nonfood-contact surfaces of constructed, and used |                                                                 | Food and nonfood-contact surfaces cleanable, properly designed,<br>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                                                              | 50 O Sewage and waste water properly disposed O                 |                                                                                          | 0   | 0  | 2  |
| 51                                                              | 51 O Toilet facilities: properly constructed, supplied, cleaned |                                                                                          | 0   | 0  | 1  |
| 52                                                              | 0                                                               | Garbage/refuse properly disposed; facilities maintained                                  | 0   | 0  | 1  |
| 53                                                              | O Physical facilities installed, maintained, and clean O        |                                                                                          | 0   | 1  |    |
| 54                                                              | 0                                                               | Adequate ventilation and lighting; designated areas used                                 | 0   | 0  | 1  |
|                                                                 | OUT                                                             | Administrative Items                                                                     | Т   |    |    |
| 55                                                              | 0                                                               | Current permit posted                                                                    | 0   | 0  | 0  |
| 56                                                              | 0                                                               | Most recent inspection posted                                                            | 0   | 0  |    |
| $\Box$                                                          |                                                                 | Compliance Status                                                                        | YES | NO | WT |
|                                                                 |                                                                 | Non-Smokers Protection Act                                                               |     |    |    |
| 57                                                              |                                                                 | Compliance with TN Non-Smoker Protection Act                                             | - X | 0  |    |
| 58                                                              |                                                                 | Tobacco products offered for sale                                                        | 0   |    |    |
| 59                                                              |                                                                 | If tobacco products are sold, NSPA survey completed                                      | 0   | 0  |    |

and post the most recent inspection report in a conspicuous manner. You have the right to request a he 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. hin ten (10) days of the date of th

07/29/2022

Date Signature of vironmental Health Specialist 07/29/2022

\*\*\*\* 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) ) 4232098110 Please call ( to sign-up for a class.

RDA 629

Date

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information                                                                                    |                                                                                                          |                            |                        |          |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------|------------------------|----------|--|--|--|--|
| Establishment Name: Chick Fil A #3105                                                                        |                                                                                                          |                            |                        |          |  |  |  |  |
| Establishment Number #: [605226536                                                                           |                                                                                                          |                            |                        |          |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
| NSPA Survey – To be completed if<br>Age-restricted venue does not affirmatively resi                         |                                                                                                          | destilles et ell tieres te |                        |          |  |  |  |  |
| twenty-one (21) years of age or older.                                                                       | that access to its buildings or                                                                          | raciities at all times to  | persons wno are        |          |  |  |  |  |
| Age-restricted venue does not require each per                                                               | rson attempting to gain entry                                                                            | to submit acceptable for   | orm 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                                                               | 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 in                                                             | nto areas where smoking is p                                                                             | rohibited.                 |                        |          |  |  |  |  |
| Smoking observed where smoking is prohibited                                                                 | i by the Act.                                                                                            |                            |                        |          |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
| Warewashing Info                                                                                             |                                                                                                          |                            |                        |          |  |  |  |  |
| Machine Name                                                                                                 | Sanitizer Type                                                                                           | PPM                        | Temperature ( Fat      | renhelt) |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
| Equipment Temperature                                                                                        |                                                                                                          |                            |                        |          |  |  |  |  |
| Description                                                                                                  |                                                                                                          |                            | Temperature ( Fah      | renhelt) |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
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| E 17                                                                                                         |                                                                                                          |                            |                        |          |  |  |  |  |
| Food Temperature                                                                                             |                                                                                                          |                            |                        |          |  |  |  |  |
| Description                                                                                                  |                                                                                                          | State of Food              | Temperature ( Fah      | renheit) |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
|                                                                                                              |                                                                                                          |                            |                        |          |  |  |  |  |
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## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Name: Chick Fil A #3105                                                                                                                                       |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Establishment Number: 605226536                                                                                                                                             |  |  |  |  |  |
|                                                                                                                                                                             |  |  |  |  |  |
| Comments/Other Observations                                                                                                                                                 |  |  |  |  |  |
|                                                                                                                                                                             |  |  |  |  |  |
| 1:<br>2:<br>3:<br>4:<br>5:<br>6:<br>7:                                                                                                                                      |  |  |  |  |  |
| 3·                                                                                                                                                                          |  |  |  |  |  |
| 4·                                                                                                                                                                          |  |  |  |  |  |
| <br>5:                                                                                                                                                                      |  |  |  |  |  |
| 6:                                                                                                                                                                          |  |  |  |  |  |
| 7:                                                                                                                                                                          |  |  |  |  |  |
| 8: Towel dispenser works, water was 109 comfortable to wash hands for at least 20 seconds                                                                                   |  |  |  |  |  |
| 9:                                                                                                                                                                          |  |  |  |  |  |
| 10:                                                                                                                                                                         |  |  |  |  |  |
| 11:                                                                                                                                                                         |  |  |  |  |  |
| 12.<br>13·                                                                                                                                                                  |  |  |  |  |  |
| 13.<br>1 <i>A</i> ·                                                                                                                                                         |  |  |  |  |  |
| 15:                                                                                                                                                                         |  |  |  |  |  |
| 16:                                                                                                                                                                         |  |  |  |  |  |
| <b>17</b> :                                                                                                                                                                 |  |  |  |  |  |
| 18:                                                                                                                                                                         |  |  |  |  |  |
| <b>19</b> :                                                                                                                                                                 |  |  |  |  |  |
| 20:                                                                                                                                                                         |  |  |  |  |  |
| 21:                                                                                                                                                                         |  |  |  |  |  |
| 7: 8: Towel dispenser works, water was 109 comfortable to wash hands for at least 20 seconds 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: |  |  |  |  |  |
| 24 <sup>.</sup>                                                                                                                                                             |  |  |  |  |  |
| 25:                                                                                                                                                                         |  |  |  |  |  |
| 26:                                                                                                                                                                         |  |  |  |  |  |
| 27:                                                                                                                                                                         |  |  |  |  |  |
| 57:<br>58:                                                                                                                                                                  |  |  |  |  |  |
| 58:                                                                                                                                                                         |  |  |  |  |  |
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| ***See page at the end of this document for any violations that could not be displayed in this space.                                                                       |  |  |  |  |  |
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See last page for additional comments.

Additional Comments

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: Chick Fil A #3105  |  |
|----------------------------------------|--|
| Establishment Number: 605226536        |  |
|                                        |  |
| Comments/Other Observations (cont'd)   |  |
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| Additional Comments (cont'd)           |  |
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Establishment Information

| Establishment Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |
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| Establishment Name: Chick Fil A #3105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |  |  |  |  |  |  |
| Establishment Number #: 605226536                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |  |  |  |  |  |  |
| CONTRACTOR OF THE PROPERTY OF |         |  |  |  |  |  |  |
| Sources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1       |  |  |  |  |  |  |
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| Source Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Source: |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |  |  |  |  |  |  |
| Source Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Source: |  |  |  |  |  |  |
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| Source Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Source: |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _       |  |  |  |  |  |  |
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