

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Yes 疑 No

SCORE

O Farmer's Market Food Unit Melodee's Diner Remanent O Mobile Establishment Name Type of Establishment 3904 Ringgold Rd. O Temporary O Seasonal Address Chattanooga Time in 01:45 PM AM / PM Time out 02:15; PM City 09/08/2021 Establishment # 605258323 Embargoed 0 Inspection Date ∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

Number of Seats 74

Follow-up Required

#### RNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

О3

| 12 | ¥=in c | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | id  |   | 0  |
|----|--------|-------|------|----|---|-----|---|----|
|    |        |       |      |    | Compliance Status   | cos | R | WT |
|    | IN     | OUT   | NA   | NO | Supervision   |     |   |    |
| 1  | Ħ      | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  |     | 0 | 5  |
|    | IN     | OUT   | NA   | NO | Employee Health   |     |   |    |
| 2  | 300    | 0     |      |    | Management and food employee awareness; reporting   |     | 0 |    |
| 3  | ×      | 0     |      |    | Proper use of restriction and exclusion   | 0   | 0 | 5  |
|    | IN     | OUT   | NA   | NO | Good Hygienic Practices   |     |   |    |
| 4  | X      | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0   | 0 |    |
| 5  | 黨      | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 |    |
|    | IN     | OUT   | NA   | NO | Preventing Contamination by Hands   |     |   |    |
| 6  | 黨      | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |    |
| 7  | 鼷      | 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   | 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 | ×      | 0     |      |    | Proper disposition of unsafe food, returned food not re-                                  | 0   | 0 | 2  |

|    |    |     |    |    | Compliance Status   | cos | R | WT |
|----|----|-----|----|----|---|-----|---|----|
|    | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 | 0  | 0   | 0  | 黨  | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17 | 0  | 0   | 0  | 35 | Proper reheating procedures for hot holding                                 | 0   | 0 | ٠  |
|    | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | 0  | 0   | 0  | 涎  | Proper cooling time and temperature   | 0   | 0 |    |
| 19 | ×  | 0   | 0  | 0  | Proper hot holding temperatures   | 0   | 0 |    |
| 20 | 凝  | 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   | M  |    | 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 | 80 | 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  |

### s, chemicals, and physical objects into foods.

|    |     | OUT=not in compliance COS=con  | ected or | 1-site | du |
|----|-----|--|----------|--------|----|
|    |     | Compliance Status  | cos      |        | _  |
|    | OUT | Safe Food and Water  |          | _      | _  |
| 28 | 0   | Pasteurized eggs used where required                                       | 0        | 0      | г  |
| 29 | 0   | Water and ice from approved source   | 0        | 0      |    |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0        | 0      | Γ. |
|    | 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      | :  |
| 37 | 328 | Contamination prevented during food preparation, storage & display         | 0        | 0      | 1  |
| 38 | 0   | Personal cleanliness   | 0        | 0      | Г  |
| 39 | 126 | Wiping cloths; properly used and stored                                    | 0        | 0      | r  |
| 40 | 0   | Washing fruits and vegetables  | 0        | 0      | Г  |
|    | OUT | Proper Use of Utensils   |          |        |    |
| 41 | 0   | In-use utensils; properly stored   | 0        | 0      | Г  |
| 42 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0        | 0      | 1  |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0        | 0      | Г  |
| 44 | 0   | Gloves used properly   | 0        | 0      |    |

Signature of Person In Charge

| pect | on  | R-repeat (violation of the same code provision)  |      | -  | 147 |
|------|-----|--|------|----|-----|
|      |     | Compliance Status  | cos  | R  | W   |
|      | OUT | Utensiis and Equipment   | _    | _  | _   |
| 45   | 0   | 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  | -   |
| 49   | 0   | Plumbing installed; proper backflow devices  | 0    | 0  | -:  |
| 50   | 0   | Sewage and waste water properly disposed   | 0    | 0  | - 2 |
| 51   | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0    | 0  |     |
| 52   | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0    | 0  | ٠   |
| 53   | 3%  | Physical facilities installed, maintained, and clean                                     | 0    | 0  | ,   |
| 54   | 0   | Adequate ventilation and lighting; designated areas used                                 | 0    | 0  | 1   |
|      | OUT | Administrative Items   | Т    |    |     |
| 55   | 0   | Current permit posted  | 0    | 0  | П   |
| 56   | 0   | Most recent inspection posted  | 0    | 0  | '   |
|      |     | Compliance Status  | YES  | NO | W   |
|      |     | Non-Smokers Protection Act   |      |    |     |
| 57   |     | Compliance with TN Non-Smoker Protection Act   | - 3% | 0  |     |
| 58   |     | Tobacco products offered for sale  | 0    | 0  | ١.  |
| 59   |     | If tobacco products are sold, NSPA survey completed                                      | 0    | 0  |     |

You have the right to request a h (10) days of the date of the

09/08/2021

Signature of Environmental Health Specialist

09/08/2021

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

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

Date

Date

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



| Establishment Information  |                              |                          |                        |          |
|--|------------------------------|--------------------------|------------------------|----------|
| Establishment Name: Melodee's Diner  |                              |                          |                        |          |
| Establishment Number #:  605258323   |                              |                          |                        |          |
|  |                              |                          |                        |          |
| NSPA Survey - To be completed if   |                              |                          |                        |          |
| Age-restricted venue does not affirmatively rest<br>twenty-one (21) years of age or older. |                              |                          |                        |          |
| Age-restricted venue does not require each per   | rson attempting to gain entr | y to submit acceptable f | orm of identification. |          |
| "No Smoking" signs or the international "Non-S   | moking" symbol are not con   | spicuously posted at ev  | ery entrance.          |          |
| Garage type doors in non-enclosed areas are r  | not completely open.         |                          |                        |          |
| Tents or awnings with removable sides or vents   | s in non-enclosed areas are  | not completely remove    | d or open.             |          |
| Smoke from non-enclosed areas is infiltrating in   | nto areas where smoking is   | prohibited.              |                        |          |
| Smoking observed where smoking is prohibited   | i by the Act.                |                          |                        |          |
|  |                              |                          |                        |          |
| Warewashing Info   |                              |                          |                        |          |
| Machine Name   | Sanitizer Type               | PPM                      | Temperature ( Fah      | renhelt) |
|  |                              |                          |                        |          |
|  |                              |                          |                        |          |
|  |                              |                          |                        |          |
|  | l .                          |                          |                        |          |
| Equipment Temperature  |                              |                          |                        |          |
| Description  |                              |                          | Temperature ( Fah      |          |
| Decomption   |                              |                          | Temperature ( Fan      | renneit) |
|  |                              |                          |                        |          |
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| Food Temperature   |                              |                          |                        |          |
| Description  |                              | State of Food            | Temperature ( Fah      | ranhalf) |
| Decomption   |                              | state of Food            | Temperature ( Pan      | remient/ |
|  |                              |                          |                        |          |
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# TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Number: 605258323  Comments/Other Observations  1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: |
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| Comments/Other Observations  |
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| Additional Comments  |

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| Establishment Information              |  |
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| Establishment Name: Melodee's Diner    |  |
| Establishment Number: 605258323        |  |
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| Comments/Other Observations (cont'd)   |  |
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| Establishment Inform   | ion   |
|--|---|
| The state of the s | lee's Diner   |
| Establishment Number #:  | 05258323  |
| Sources  |   |
| Source Type:   | Source:   |
| Additional Commen  |   |
| ***Priority item # 14 c  | ected. See original report dated 8/25/21. Extra time allowed to repair dish machine.*** |
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