TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| 10 | 100 | 14 | and the second | | | | | | | | | | | | | O Francis Martial Frank | | C |) | |
|--------------------|--------------|------------------------------|----------------|---------|--|--|--|---------|--------|---------------|------|------------|-------------------------------|---------|---------|--|-----------------------------------|-------|-----|--------|
| Establishment Name | | Mexiville Mexican Restaurant | | | | | - Type of Establishment O Temporary O Seasonal | | | | | | | 5 | | | | | | |
| Address | | 809 Market St. | | | | | | | | | | | | | | | | | | |
| City | | Chattanooga | | Time in | 10 |):1 | 5 A | M | A | 1 / PI | M Ti | me ou | at <u>10:45</u> : <u>AM</u> A | M/PM | | | | | | |
| Insp | ectio | on Da | rte | | 10/03/202 | 3 Establishment # | 60525086 | 6 | | | Embe | irgoe | d 0 |) | | | | | | |
| Pur | pose | of In | spec | | ORoutine | 搿 Follow-up | O Complaint | | | - O Pr | | | | | Cor | nsultation/Other | | | | |
| Risi | Cat | tegon | y | | 01 | <u>382</u> 2 | O 3 | | | 04 | | | | Fo | ilow-i | up Required O Yes | 觐 No Number of : | Seats | 99 | |
| | | R | isk I | | | | | | | | | | | | | to the Centers for Disc control measures to pro | ase Control and Preven | | | |
| | | (14 | utic de | | | FOODBORNE | ILLNESS RIS | IK F/ | сто | ORS | AND | PU | BLIC | HEA | LTH | INTERVENTIONS ach litem as applicable. Deduc | | | | |
| IN | ⊨in c | ompii | | | OUT=not in compliance | e NA=not applicable | NO=not observe | đ | | cc | | | | | | | violation of the same code provis | ion) | | |
| H | IN | ourr | NA | NO | Compl | Supervision | | COS | R | WT | F | | | | | Compliance Stat | tus g of Time/Temperature | COS | R | WT |
| 1 | | 0 | - | no | Person in charge pre | esent, demonstrates kno | wledge, and | 0 | 0 | 5 | | IN | OUT | | NO | Control For Safe | ety (TCS) Foods | | | |
| Ľ | | - | NA | NO | performs duties | Employee Health | | - | | - | | <u>第</u> 0 | 00 | 0 | | Proper cooking time and tem Proper reheating procedures | | 8 | 8 | 5 |
| | X | | | | | od employee awareness | ; reporting | 0 | | 5 | | IN | оυт | | NO | | te Marking, and Time as | | | |
| 3 | × N | 0 OUT | NA | NO | Proper use of restric | tion and exclusion Hygienic Practices | | 0 | 0 | _ | 18 | 0 | 0 | 0 | 24 | Public He Proper cooling time and temp | aith Control | 0 | | |
| 4 | X | 0 | | 0 | Proper eating, tastin | g, drinking, or tobacco u | 50 | 0 | 0 | 5 | 19 | 黨 | 0 | 0 | | Proper hot holding temperatu | ires | 0 | 0 | |
| 5 | XX IN | | NA | | | yes, nose, and mouth g Contamination by I | Hands | Ō | 0 | - | | 100 | 00 | 8 | 0 | Proper cold holding temperat Proper date marking and dis | | 8 | 8 | 5 |
| 6 | 2 | 0 | | | Hands clean and pro | perly washed t with ready-to-eat food | e or approvad | 0 | _ | 5 | 22 | 0 | 0 | × | 0 | Time as a public health contr | ol: procedures and records | 0 | 0 | |
| 7 | × | 0 | 0 | 0 | alternate procedures | followed | | 0 | 0 | · · | | _ | OUT | NA | NO | Consumer | | | | |
| | | | NA | NO | | properly supplied and ac Approved Source | cessible | | 0 | 2 | 23 | × | 0 | 0 | | Consumer advisory provided food | for raw and undercooked | 0 | 0 | 4 |
| | 高 | 0 | 0 | | Food obtained from Food received at pro | | | 00 | 0 | | | IN | OUT | | NO | Highly Suscepti | | | | |
| 11 | \mathbb{X} | 0 | | | Food in good conditi | on, safe, and unadultera ailable: shell stock tags, | | 0 | 0 | 5 | 24 | 0 | 0 | × | _ | Pasteurized foods used; prof | hibited foods not offered | 0 | 0 | 5 |
| 12 | 0 | 0 | × | 0 | destruction | - | | 0 | 0 | | | IN | OUT | | NO | | licals | | | |
| 13 | | 001 | | NO | Food separated and | ion from Contaminat protected | lon | 0 | 0 | 4 | 25 | 0 🕅 | 0 | X | | Food additives: approved an Toxic substances properly id | | 0 | 읭 | 5 |
| 14 | × | 0 | | 1 | | es: cleaned and sanitize | | 0 | 0 | 5 | | IN | OUT | NA | NO | | pproved Procedures | | | |
| 15 | 篾 | 0 | | | Proper disposition of served | unsafe food, returned fo | ood not re- | 0 | 0 | 2 | 27 | 0 | 0 | 8 | | Compliance with variance, s HACCP plan | pecialized process, and | 0 | 0 | 5 |
| | | | | Goo | d Retail Practice | s are preventive m | easures to co | ntrol | the | intr | oduc | tion | of p | atho | gens | , chemicals, and physic | al objects into foods. | | | |
| | | | | | | | | 600 | D R | TA | LPR | ACT | ICE | 5 | _ | | | | | |
| | | | | 00 | T=not in compliance | ance Status | COS=corre | | n-site | during | | | | | | R-repeat (violati Compliance Str | on of the same code provision) | COS | RI | WT |
| | | OUT | | | Safe Fo | ood and Water | | | | | | 0 | UT | | | Utensils and Equi | pment | | ~ 1 | |
| | 8 9 | | | | d eggs used where r ice from approved s | | | 8 | 0 | 2 | 4 | 5 8 | | | | nfood-contact surfaces clean and used | able, properly designed, | 0 | 0 | 1 |
| 3 | 0 | OUT | | ance o | | ed processing methods perature Control | | 0 | 0 | 1 | 4 | 6 (| o v | Varew | ashin | g facilities, installed, maintain | ed, used, test strips | 0 | 0 | 1 |
| | 1 | 0 | | | | adequate equipment for | temperature | 0 | 0 | 2 | 4 | _ | - | lonfoo | d-con | tact surfaces clean | | 0 | 0 | 1 |
| | 2 | - | contr | | properly cooked for h | not holding | | | 0 | | 4 | | UT D ⊢ | lot and | l cold | Physical Facilit water available; adequate pr | | 0 | 0 | 2 |
| 3 | 3 | 0 | Appr | oved | thawing methods use | d | | 0 | 0 | 1 | 4 | 9 (| ΟP | lumbir | ng ins | stalled; proper backflow device | 85 | 0 | 0 | 2 |
| | 4 | OUT | | mome | eters provided and ac Food I | dentification | | 0 | 0 | 1 | 5 | _ | - | | | waste water properly dispose s: properly constructed, supp | | 0 | 0 | 2 |
| 3 | 5 | 0 | Food | i prop | erly labeled; original of | container; required recor | rds available | 0 | 0 | 1 | 5 | 2 (| o 0 | Sarbag | e/refi | use properly disposed; facilitie | es maintained | 0 | 0 | 1 |
| | | OUT | | | Prevention of | Food Contamination | | | | | 5 | 3 (| o P | hysica | ıl faci | lities installed, maintained, an | d clean | 0 | 0 | 1 |
| 3 | 6 | 0 | Inse | ots, ro | dents, and animals n | ot present | | 0 | 0 | 2 | 5 | 4 (| 0 A | dequa | te ve | ntilation and lighting; designa | ted areas used | 0 | 0 | 1 |
| 3 | 7 | X | Cont | amina | ation prevented during | g food preparation, stora | ige & display | 0 | 0 | 1 | | 0 | UT | | | Administrative I | tems | | | |
| _ | 8 9 | - | - | | leanliness ths: properly used an | d stored | | 00 | 0 | 1 | 5 | _ | _ | | - | nit posted inspection posted | | 0 | 0 | 0 |
| | 0 | 0 | Was | | ruits and vegetables | | | | ŏ | | Ĕ | | <u> </u> | 1004.10 | vent | Compliance Sta | | YES | | WT |
| - | 1 | OUT | | e ute | Proper L nsils; properly stored | Use of Utensils | | 0 | 0 | 1 | 5 | 7 | - 0 | ompli | ance | Non-Smokers P with TN Non-Smoker Protect | | X | o | |
| 4 | 2 | 0 | Uten | sils, e | quipment and linens; | properly stored, dried, h | | 0 | 0 | 1 | 5 | 8 | T | obacc | o pro | ducts offered for sale | | 0 | 0 | 0 |
| | 3 4 | | | | ed properly | es; properly stored, used | 1 | | 8 | | | 7 | 1 | 10080 | co pri | oducts are sold, NSPA surve | r compresed | 0 | 0 | |
| | | | | | | | | | | | | | | | | Repeated violation of an identic | | | | |
| | | nd po | st the | most | recent inspection report | t in a conspicuous manner | You have the rig | ht to n | eques | | | | | | | e. You are required to post the filling a written request with the C | | | | |
| ~ | ~ | 5 | 7 | F | | -708, 68-14-709, 68-14-711, 0 | | | |) | | (| \mathcal{I} | n/ | | 0 210. | | 10/0 | 2 | 0000 |
| Circ. | | | | on la | Charac | | 10/0 | 13/2 | | | C | Ì | 1 | End | m | ustal Liopith Constitut | | 10/0 | 3/2 | |
| ыĝ | atu | e of | rers | on m | Charge | Additional food safety i | nformation can | be fo | | Date on ou | | | | | | ental Health Specialist ealth/article/eh-foodservio | e **** | | | Date |
| PHK | 2267 | (Rev. | 6-15) |) | | Free food safety tr Please of | raining classes call (|) 42 | | | | | | | | inty health department. p for a class. | | | RD | DA 629 |

| PH-2267 (Rev. 6-15) | Free food safety training class | sses are available each mor | nth at the county health department. | RDA 60 |
|---------------------|---------------------------------|-----------------------------|--------------------------------------|--------|
| | Please call (|) 4232098110 | to sign-up for a class. | 104.02 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

-

Establishment Name: Mexiville Mexican Restaurant Establishment Number #: 605250866

| | 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. | |
| i | | |

Smoking observed where smoking is prohibited by the Act.

| Warewashing Info | | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Equipment l'emperature | |
|------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| | |
| | |
| | |
| | |
| | |
| | |

| escription | State of Food | Temperature (Fahrenheit |
|------------|---------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Observed Violations | | | | | | |
|---------------------------|--|--|--|--|--|--|
| Total # 2 Repeated # 0 | | | | | | |
| Repeated # 0 | | | | | | |
| 37: | | | | | | |
| 45: | | | | | | |
| 45: | | | | | | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Mexiville Mexican Restaurant Establishment Number : 605250866

| Comments/Other Observations | | |
|-----------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| : | | |
| | | |
| | | |
| - | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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: Mexiville Mexican Restaurant Establishment Number : 605250866

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Mexiville Mexican Restaurant Establishment Number #: 605250866

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments

Priority items #6,14 corrected. See original report dated 9/22/23.