

Establishment Name

Address

Risk Category

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit Remanent O Mobile

Type of Establishment

Follow-up Required

O Temporary O Seasonal Time in 02:45 PM AM / PM Time out 03:30; PM

O Yes 疑 No

01/08/2024 Establishment # 605144987 Embargoed 0 Inspection Date

Amigo's Mexican Lounge

5874 Brainerd Rd

Chattanooga

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other

О3

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 10              | IN-in compliance OUT-not in compliance NA-not applicable NO-not observe |     |   |    | ed  |     | 0 |    |
|-----------------|---|-----|---|----|---|-----|---|----|
| Compliance Stat |   |     |   |    | Compliance Status   | cos | R | WT |
|                 | IN  | OUT | NA  | NO | Supervision   |     |   |    |
| 1               | 盔   | 0   |   |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5  |
|                 | IN  | OUT | NA  | NO | Employee Health   |     |   |    |
| 2               | $\exists x$   | 0   |   |    | Management and food employee awareness; reporting   | 0   | 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  |
| 5               | 200   | 0   |   | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 |    |
|                 | IN  | OUT | NA  | NO | Preventing Contamination by Hands   |     |   |    |
| 6               | ×   | 0   |   | 0  | Hands clean and properly washed   | 0   | 0 |    |
| 7               | 왮   | 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 | П  |
| 10              | 0   | 0   | 0   | 3% | Food received at proper temperature   | 0   | 0 |    |
| 11              | ×   | 0   |   |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5  |
|                 |   | 0   | Required records available: shell stock tags, parasite<br>destruction | 0  | 0   |     |   |    |
|                 | IN  | OUT | NA  | NO | Protection from Contamination   |     |   |    |
| 13              | -   | 0   | 黨   |    | Food separated and protected  | 0   | 0 | 4  |
| 14              | ×   | 0   | 0   |    | Food-contact surfaces: cleaned and sanitized  | 0   | 0 | 5  |
| 15              | M   | 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   | 黨   | 0  | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17 | 0   | 0   | 300 | 0  | Proper reheating procedures for hot holding                                 | 0   | 0 | ÷  |
|    | IN OUT NA NO Cooling and Holding, Date Marking, and Time as a Public Health Control |     |     |    |   |     |   |    |
| 18 | 0   | 0   | X   | 0  | Proper cooling time and temperature   | 0   | 0 |    |
| 19 |   | 0   | 文   | 0  | Proper hot holding temperatures   | 0   | 0 |    |
| 20 | 243   | 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  | OUT | NA  | NO | Chemicals   |     |   |    |
| 25 |   | 0   | 3%  |    | Food additives: approved and properly used                                  | 0   | 0 |    |
| 26 | 黨   | 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  |

|    |       |  | G00 |   |    |
|----|-------|--|-----|---|----|
|    |       | OUT=not in compliance COS=con  |     |   |    |
|    | Tarre | Compliance Status  | cos | к | m  |
|    | OUT   |  | -   |   | _  |
| 28 | 0     | Pasteurized eggs used where required                                       | 0   | 0 | Ι. |
| 29 | 0     | Water and ice from approved source   | 0   | 0 | _; |
| 30 | 0     | Variance obtained for specialized processing methods                       | 0   | 0 | Ľ  |
|    | 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 | Ε. |
| 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 Feed Contamination   |     |   |    |
| 36 | 0     | Insects, rodents, and animals not present                                  | 0   | 0 | :  |
| 37 | 0     | Contamination prevented during food preparation, storage & display         | 0   | 0 | 1  |
| 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 | 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 | r  |
| 44 | 0     | Gloves used properly   | 0   | 0 |    |

| pecti                      | on  | R-repeat (violation of the same code provision)  |      | _  |   |
|----------------------------|-----|--|------|----|---|
|                            |     | Compliance Status  | COS  | R  | W |
|                            | OUT | Utensiis and Equipment   |      |    |   |
| 45                         | 0   | Food and norfood-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                         | 0   | Sewage and waste water properly disposed   | 0    | 0  | 2 |
| 51                         | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0    | 0  | 1 |
| 52                         | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0    | 0  | 1 |
| 53                         | 3%  | Physical facilities installed, maintained, and clean                                     | 0    | 0  | 1 |
| 54                         | 0   | Adequate ventilation and lighting; designated areas used                                 | 0    | 0  | 1 |
|                            | OUT | Administrative Items   |      |    |   |
| 55                         | 0   | Current permit posted  | ा    | 0  | 0 |
| 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  | 0 |
| 59                         |     | If tobacco products are sold, NSPA survey completed                                      | - 0  | 0  |   |

You have the right to request a h ten (10) days of the date of the -14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

01/08/2024

Date Signature of Environmental Health Specialist

01/08/2024 Date

\*\*\*\* 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.

Number of Seats 0

SCORE

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



|   | Establishment Information |
|---|---------------------------|
| ı | Amigala Mayigan Launga    |

Establishment Name: Amigo's Mexican Lounge
Establishment Number #: 605144987

| ı | 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 ( Fahrenhelt) |
| Sanitizer        | Lactic acid    | 700 |                           |

| Equipment Temperature |                          |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|
| Description           | Temperature (Fahrenheit) |  |  |  |  |  |  |
| Reach-in cooler       | 40                       |  |  |  |  |  |  |
|                       |                          |  |  |  |  |  |  |

| Food Temperature Description | State of Food | Temperature ( Fahrenheit |  |  |
|------------------------------|---------------|--------------------------|--|--|
| Creamer                      | Cold Holding  | 40                       |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |
|                              |               |                          |  |  |

| total # 1 topeated # 0 G:3: Floor tiles broken and/or missing, allowing standing water.             |
|---|
|   |
| 3: Floor tiles broken and/or missing, allowing standing water.                                      |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| "See page at the end of this document for any violations that could not be displayed in this space. |

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



#### Establishment Information

Establishment Name: Amigo's Mexican Lounge

Establishment Number: 605144987

#### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Employee Health Policy is posted. PIC and employees are aware of reportable symptoms and illnesses.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Proper handwashing frequency and methods were observed.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: Food has been obtained by an approved source.
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: No raw animal products served.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No food is cooled
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: See temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57:

58:

\*\*\*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.

<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: Amigo's Mexican | Lounge    |     |  |
|-------------------------------------|-----------|-----|--|
| Establishment Number: 605144987     |           |     |  |
|                                     | -         |     |  |
| Comments/Other Observations (co     | ont'd)    |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
| Additional Commante (agailet)       |           |     |  |
| Additional Comments (cont'd)        |           |     |  |
| See last page for additiona         | al commen | ts. |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |
|                                     |           |     |  |

Establishment Information

| Establishment Name: Amigo's Mexican Lounge |           |           |  |  |  |  |  |  |
|--|-----------|-----------|--|--|--|--|--|--|
| Establishment Number #: 60514498           | 37        |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
| Sources                                    |           |           |  |  |  |  |  |  |
| Source Type: Wat                           | er Source | e: Public |  |  |  |  |  |  |
| Source Type:                               | Source    | y:        |  |  |  |  |  |  |
| Source Type:                               | Source    | ):        |  |  |  |  |  |  |
| Source Type:                               | Source    | ):        |  |  |  |  |  |  |
| Source Type:                               | Source    | ):<br>-   |  |  |  |  |  |  |
| Additional Comments                        |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |
|  |           |           |  |  |  |  |  |  |

Establishment Information