# **TENNESSEE DEPARTMENT OF HEALTH**

| FOOD SERVICE ESTA            |          |          |          |         |                                     |                            |                       |                   |          |       |            |          |          | DN REPORT                   | SCOF                     |        |  | $\neg$        |               |     |    |
|------------------------------|----------|----------|----------|---------|-------------------------------------|----------------------------|-----------------------|-------------------|----------|-------|------------|----------|----------|-----------------------------|--------------------------|--------|--|---------------|---------------|-----|----|
| Establishment Name           |          |          |          |         |                                     |                            |                       |                   |          | Tun   | e of F     | Establis | ehmo     | O Fermer's Market Food Unit | LO                       |        |  |               |               |     |    |
| Address 5959 Shallowford Rd. |          |          |          |         |                                     |                            |                       |                   |          | ιyp   | e ui E     | SLOUTE   | SHILLING | O Temporary O Seasonal      |                          |        |  | /             |               |     |    |
| City Chattanooga Time in     |          |          |          |         |                                     |                            | 10                    | 0:0               | Q A      | M     | AN         | /PN      | / Tin    | ne ou                       | л <u>11:00</u> :АМ ам/рм |        |  |               |               |     |    |
| Insp                         | ectio    | n Da     | te       |         | 08/11/2                             | 021                        | Establishmen          | 60530852          |          |       |            |          |          | d 0                         |                          |        |  |               |               |     |    |
|                              |          |          | spect    |         | Routine                             |                            | ollow-up              | O Complain        |          |       | -<br>O Pro |          |          | _                           |                          | Cor    | nsultation/Other   |               |               |     | _  |
| Risk                         | Cat      | egon     | ,        |         | 01                                  | \$172                      |                       | 03                |          |       | 04         |          |          |                             | Fo                       | low-   | up Required O Yes K No N   | Number of Sea | ats           | 48  |    |
|                              |          | -        | isk F    | acto    | ors are food                        |                            |                       | and employee      |          | vior  | s mo       |          |          |                             | repo                     | rted   | to the Centers for Disease Control an  | d Preventio   |               | _   |    |
|                              |          |          |          | as c    | ontributing f                       | actors in                  |                       |                   |          |       |            |          |          |                             |                          |        | control measures to prevent illness or<br>INTERVENTIONS  | 'injury.      |               |     |    |
|                              |          | (11      | rk des   | ignat   | ed compliance s                     | status (IN, O              |                       |                   |          |       |            |          |          |                             |                          |        | ach liem as applicable. Deduct points for category   | y or subcateg | ery.)         |     |    |
| IN                           | in co    | mpīi     | ance     |         | OUT=not in com                      | pliance Ni<br>ompliance    |                       | le NO=not observ  |          | R     |            | S=cor    | rected   | d on-si                     | ite durir                | ng ins | pection R*repeat (violation of the same of<br>Compliance Status  |               |               | R   | WT |
|                              | IN       | ουτ      | NA       | NO      |                                     | Su                         | pervision             |                   |          |       |            |          | IN       | оит                         | NA                       | NO     | Cooking and Reheating of Time/Tempe  |               |               | -   |    |
| 1                            | ×        | 0        |          |         | Person in charge<br>performs duties |                            | demonstrate           | s knowledge, and  | 0        | 0     | 5          | 16       | 0        | 0                           | 0                        | ×      | Control For Safety (TCS) Foods<br>Proper cooking time and temperatures   |               | oT            | न   |    |
|                              | IN I     |          | NA       | NO      |                                     | Empl                       | oyee Health           | eness; reporting  | 0        |       |            | 17       | 0        | 0                           | 0                        | X      | Proper reheating procedures for hot holding  |               | 8             | 0   | -  |
|                              |          | ō        |          |         | Proper use of r                     |                            |                       | neos, reporting   | ō        | ō     | 5          |          | IN       | ουτ                         | NA                       | NO     | Cooling and Holding, Date Marking, and<br>a Public Health Control  | Time as       |               |     |    |
|                              |          | _        | NA       |         |                                     |                            | Ionic Pract           |                   |          |       |            |          | 0        |                             |                          |        | Proper cooling time and temperature  |               | ्रा           | ्रा |    |
| 5                            | X        |          |          | 0       | Proper eating, t<br>No discharge fr |                            |                       |                   | 8        | 0     | 5          | 20       | 25       | 0                           | 0                        |        | Proper hot holding temperatures<br>Proper cold holding temperatures  |               | 8             | 0   | 5  |
|                              | IN P     | OUT<br>O | NA       |         | Preve<br>Hands clean ar             |                            | ntamination<br>washed | by Hands          | 0        | 0     | _          |          | 黨        |                             | 0                        |        | Proper date marking and disposition  |               |               | 0   | Ĩ  |
| _                            | <u>z</u> | ō        | 0        |         | No bare hand o                      | contact with               | ready-to-eat          | foods or approved | ō        | ō     | 5          | 22       | -        | 0                           | O<br>NA                  |        | Time as a public health control: procedures and  | i records     | 이             | 이   |    |
| 8                            | 2        | 0        |          |         | alternate proce<br>Handwashing s    | sinks proper               | rly supplied a        |                   | 0        | 0     | 2          | 23       | 0        | 001                         | X                        |        | Consumer Advisory<br>Consumer advisory provided for raw and under  | cooked ,      | 0             | 0   | 4  |
| _                            | _        | 001      | NA       |         | Food obtained                       |                            | ved Source            | •                 | 0        | 0     | -          | -        |          | OUT                         |                          | _      | food<br>Highly Susceptible Populations   |               | -             |     | -  |
|                              | 0        | 0        | 0        | >       | Food received<br>Food in good o     | at proper te               | mperature             | diaratad          | 8        | 8     | 5          | 24       | 0        | 0                           | ×                        |        | Pasteurized foods used; prohibited foods not off   | fered         | 0             | 0   | 5  |
|                              | _        | ŏ        | ×        | 0       | Required recor                      |                            |                       |                   | ŏ        | ŏ     |            | H        | IN       | OUT                         | NA                       | NO     | Chemicals  |               | -             | -   |    |
|                              | IN       | OUT      | NA       | NO      | destruction<br>Pro                  | otection fr                | rem Centam            | ination           |          |       |            | 25       | 0        | 0                           | X                        |        | Food additives: approved and properly used   |               | 0             | ्   | 5  |
| 13                           | 夏        | 8        |          |         | Food separated<br>Food-contact s    |                            |                       | nitized           | 8        | 8     |            | 26       | IN       |                             | NA                       |        | Toxic substances properly identified, stored, use<br>Conformance with Approved Proced                            |               | 0             | 0   | _  |
|                              | _        | 0        |          |         | Proper disposit<br>served           | tion of unsa               | fe food, return       | ned food not re-  | 0        | 0     | 2          | 27       | 0        | 0                           | ×                        |        | Compliance with variance, specialized process,<br>HACCP plan   | , and         | 0             | 0   | 5  |
|                              |          |          |          | Goo     | d Retail Prac                       | ctices are                 | preventiv             | e measures to c   | ontro    | l the | intr       | oduc     | tion     | of p                        | athog                    | gens   | , chemicals, and physical objects into   | foods.        |               |     |    |
|                              |          |          |          | 011     | lenot in complian                   | ×.                         |                       | COS=corr          |          | DR    |            |          |          | ici și                      | 3                        |        | R-repeat (violation of the same code   | nmulsion)     |               |     |    |
| _                            | _        |          | _        | ~       | Co                                  | mpliance                   |                       | 003-001           |          | R     |            | Ē        |          |                             |                          |        | Compliance Status  |               | :05           | R   | WT |
| 20                           | 3        | OUT      | Paste    | urize   | eggs used wf                        | fe Feed at<br>here require |                       |                   | 0        | 0     | 1          | 4        | _        | UT<br>D <sup>Fe</sup>       | ood an                   | nd no  | Utensils and Equipment<br>nfood-contact surfaces cleanable, properly desig                                       | gned,         | 0             | 0   | 1  |
| 25                           | _        |          |          |         | ice from appro-<br>btained for spe  |                            |                       | ods               | 8        | 0     | 2          | $\vdash$ | +        |                             |                          |        | and used   |               | $\rightarrow$ | +   | -  |
|                              |          | OUT      |          |         | Food                                | Temperat                   | ture Control          | l                 | -        |       |            | 4        |          | _                           |                          |        | g facilities, installed, maintained, used, test strips   |               |               | 이   | 1  |
| 3                            | ۱        | 0        | contro   |         | ling methods u                      | ised; adequ                | ate equipmen          | t for temperature | 0        | 0     | 2          | 4        | _        | O N<br>UT                   | ontood                   | 3-con  | Physical Facilities  |               | 0             | 0   | 1  |
| 3:                           | _        |          |          |         | properly cooked<br>thawing method   |                            | iding                 |                   | 8        | 8     | 1          | 4        | _        | _                           |                          |        | water available; adequate pressure<br>talled; proper backflow devices  |               | 읽             | 응   | 2  |
| 34                           | 1        | 0        | <u> </u> |         | ters provided a                     |                            | b                     |                   | ŏ        | ŏ     |            | 50       |          | o s                         | ewage                    | and    | waste water properly disposed  |               | 0             | 0   | 2  |
|                              | _        | OUT      | _        |         |                                     | ood identi                 |                       |                   |          |       |            | 5        | _        | _                           |                          |        | s: properly constructed, supplied, cleaned   |               |               | 0   | 1  |
| 3                            | _        | O        | Food     | prop    |                                     | -                          | ner; required         | records available | 0        | 0     | 1          | 5        |          | _                           | -                        |        | use properly disposed; facilities maintained<br>ities installed, maintained, and clean                           |               | _             | 이   | 1  |
| 30                           | _        |          | Insec    | ts, ro  | dents, and anim                     |                            |                       | ltion             | 0        | 0     | 2          | 5        | -        | -                           |                          |        | ntilation and lighting; designated areas used  |               | -             | ŏ   | 1  |
| 3                            | ,        | 0        | Conta    | imina   | tion prevented                      | during food                | preparation,          | storage & display | 0        | 0     | 1          | F        | 0        | υт                          |                          |        | Administrative items   |               |               | -   |    |
| 38                           | _        | -        |          |         | leanliness                          |                            |                       |                   | 0        | 0     | 1          | 54       |          |                             |                          |        | nit posted   |               | 0             | 0   | 0  |
| 3                            | _        |          |          |         | ths; properly us<br>uits and vegeta |                            | ed                    |                   | 8        | 8     |            | 54       | 5 (      | о∣м                         | lost rei                 | cent i | Inspection posted<br>Compliance Status   |               | O<br>'ES      |     | WT |
| 4                            |          | OUT      |          |         |                                     | per Use o                  | f Utensils            |                   |          |       |            | 5        | ,        |                             | ome                      | 10.00  | Non-Smokers Protection Act<br>with TN Non-Smoker Protection Act  |               |               |     |    |
| 43                           | 2        | 0        | Utens    | sils, e | quipment and li                     | inens; prope               |                       |                   | 0        | 0     | 1          | 5        | 5        | Te                          | obacco                   | o pro  | ducts offered for sale   |               | 8             | 0   | ٥  |
| 4                            |          |          |          |         | /single-service<br>ed properly      | articles; pro              | perly stored,         | used              |          | 8     |            | 5        | 9        | If                          | tobacc                   | co pri | oducts are sold, NSPA survey completed   |               | 0             | 0   |    |
|                              |          |          |          |         |                                     |                            |                       |                   |          |       |            |          |          |                             |                          |        | Repeated violation of an identical risk factor may re-<br>e. You are required to post the food service establish |               |               |     |    |
| manr                         | er ar    | nd po    | st the   | most    | ecent inspection                    | report in a c              | onspicuous m          |                   | ght to r | eques |            |          |          |                             |                          |        | ling a written request with the Commissioner within t  |               |               |     |    |

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| Signature of Person In | h Charge |    |

AND STOP

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| Delta      | а. |

Art. 21 Signature of Environmental Health Specialist

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08/11/2021

Date

| **** | Additio | nal fo | ood saf | ety info | rmation | can be | found or | our | website, | http://tr | .gov/he | aith/ar | ticle/e | h-foodse | rvice | **** |  |
|------|---------|--------|---------|----------|---------|--------|----------|-----|----------|-----------|---------|---------|---------|----------|-------|------|--|
|      |         |        |         |          |         |        |          |     |          |           |         |         |         |          |       |      |  |

| PH-2267 (Rev. 6-15) | Free food safety training class | RDA 629      |                         |        |
|---------------------|---------------------------------|--------------|-------------------------|--------|
| (Net. 0-10)         | Please call (                   | ) 4232098110 | to sign-up for a class. | 101015 |

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



#### Establishment Information

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Establishment Name: Ankar's Express Establishment Number #: 605308526

| 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<br>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 (Fahrenheit) |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |

| Equipment Temperature |                          |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Description           | Temperature (Fahrenheit) |  |  |  |  |  |  |  |
|                       |                          |  |  |  |  |  |  |  |
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|                       |                          |  |  |  |  |  |  |  |
|                       |                          |  |  |  |  |  |  |  |

| escription | State of Food | Temperature ( Fahrenheit |
|------------|---------------|--------------------------|
|            |               |                          |
|            |               |                          |
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### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Ankar's Express

Establishment Number : 605308526

#### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: (IN): An employee health policy is available.
- 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: Good handwashing 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 from approved sources.

- 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: (IN) All raw animal food is separated and protected as required.
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See temperatures.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 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.

## Establishment Information

Establishment Name: Ankar's Express

Establishment Number : 605308526

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Ankar's Express Establishment Number #: 605308526

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

## Additional Comments