

Signature of Person In Charge

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

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O Farmer's Market Food Unit Sweet Luni's Remanent O Mobile Establishment Name Type of Establishment 133 Frazier Avenue, Chattanooga, TN, USA

O Temporary O Seasonal Address Chattanooga Time in 02:30 PM AM/PM Time out 03:15; PM AM/PM City

09/07/2023 Establishment # 605321099 Embargoed 0 Inspection Date

O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

Number of Seats 12 Risk Category Follow-up Required O Yes 疑 No

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

- 11	N≃in c	compl	iance		OUT=not in compliance NA=not applicable NO=not observe	_			<b>5</b> =∞	rrecte	d on-si	te duri	ing ins	pection R=repeat (violation of the same code provis														
					Compliance Status	COS	R	WT						Compliance Status														
	IN	out	NA	NO	Supervision					IN	оит	NA	NO	Cooking and Reheating of Time/Temperature														
Ι.	展	0	-		Person in charge present, demonstrates knowledge, and	0	0	$\overline{}$						Control For Safety (TCS) Foods														
Ľ		-			performs duties	١.	0 0 5		16	_	0	×	_	Proper cooking time and temperatures														
			NA	NO	Employee Health											0	0	300	0	Proper reheating procedures for hot holding								
2	- MC	0			Management and food employee awareness; reporting	0	0					NA	NO	Cooling and Holding, Date Marking, and Time as														
3	寒	0			Proper use of restriction and exclusion	0	0	۰		IN	OUT	NA	NO	a Public Health Control														
	IN	ОИТ	NA	NO	Good Hygienic Practices				18	0	0	0	×	Proper cooling time and temperature														
4	X	0			Proper eating, tasting, drinking, or tobacco use	0		-	19		0	文	0	Proper hot holding temperatures														
5	0	0			No discharge from eyes, nose, and mouth	0	0		20	0.00	0	0		Proper cold holding temperatures														
	_	-	NA	NO	Proventing Contamination by Hands			21	0	0	282	0	Proper date marking and disposition															
6	0	0			Hands clean and properly washed	0	0	_	122	22 O	l٥l	×	0	Time as a public health control: procedures and record														
۱,	Ιo	0	0		No bare hand contact with ready-to-eat foods or approved	0	l٥l	٥																				
-		-	_	_~	alternate procedures followed	-	-	_	$\vdash$	IN	OUT	NA	NO	Consumer Advisory														
8	IN.			NO	Handwashing sinks properly supplied and accessible  Approved Source	0	0	-2	23	0	0	33		Consumer advisory provided for raw and undercooked food														
9	200	0	TRUM.	NO	Food obtained from approved source							0 0						<del></del>						IN	OUT	NA	NO	Highly Susceptible Populations
_	-	_	-	1000		_			$\vdash$	IIN	001	TRA	NO.	righty ousceptible Populations														
10 11	0	0	-	250	Food received at proper temperature Food in good condition, safe, and unadulterated	0	ŏ	5	24	0	0	323		Pasteurized foods used; prohibited foods not offered														
-		-	100		Required records available: shell stock tags, parasite	-		Ť	$\vdash$																			
12	_	0	×	0	destruction	0	0			IN	ОИТ	NA	NO	Chemicals														
		-	NA	NO	Protection from Contamination				25		0	200		Food additives: approved and properly used														
13	0	_	家		Food separated and protected	0	0	4	26	窦	0			Toxic substances properly identified, stored, used														
14	寒	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Conformance with Approved Procedures														
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan														

#### sures to control the introduction of pathogens, chemicals, and physical objects into fo

	GOOD RETAIL PRACTICES										
		OUT=not in compliance COS=corre					tion	R-repeat (violation of the same code provision)			
		Compliance Status	cos	R	WT			Compliance Status	COS	R	WT
	OUT	Safe Food and Water					OUT Utensils and Equipment				
28 29		Pasteurized eggs used where required Water and ice from approved source	8	0	1 2	45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
30		Variance obtained for specialized processing methods	ŏ	18	1	ι⊢	-	constructed, and used	+	-	$\vdash$
- 30	OUT		_		÷	46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1
_	001		_	_	_	47	0	Nonfood-contact surfaces clean	0	0	
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	4/	_				-
	₩.	control	L.	٠.		l	OUT		-		
32	_	Plant food properly cooked for hot holding	0	0	1	48		Hot and cold water available; adequate pressure		0	
33	_	Approved thawing methods used	0	0	1	49	_	Plumbing installed; proper backflow devices	0	0	2
34	0	Thermometers provided and accurate	0	0	1	50	0	Sewage and waste water properly disposed	0	0	2
	OUT	Food Identification				51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
35	0	Food properly labeled; original container; required records available	0	0	1	52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
	OUT	Prevention of Feed Contamination				53	0	Physical facilities installed, maintained, and clean	0	0	1
36	0	Insects, rodents, and animals not present	0	0	2	54	0	Adequate ventilation and lighting; designated areas used	0	0	1
37	0	Contamination prevented during food preparation, storage & display	0	0	1		OUT	Administrative Items			
38	0	Personal cleanliness	0	0	1	55	0	Current permit posted	0	0	_
39	0	Wiping cloths; properly used and stored	0	0	1	56	0	Most recent inspection posted	0	0	ı v
40	0	Washing fruits and vegetables	0	0	1			Compliance Status	YES	NO	WT
	OUT	Proper Use of Utensils		_				Non-Smokers Protection Act		_	
41	0	In-use utensils; properly stored	0	0	1	57		Compliance with TN Non-Smoker Protection Act	T XX	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58	7	Tobacco products offered for sale	0		0
43		Single-use/single-service articles; properly stored, used	0	0	1	59	1	If tobacco products are sold, NSPA survey completed	0	0	
44	0	Gloves used properly	0	0	1						

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

09/07/2023 09/07/2023

Signature of Environmental Health Specialist

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

Date

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

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



Establishment Inf	ormation	
Establishment Name:	Sweet Luni's	_
Establishment Number	605321099	Ī

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 ( Fahrenheit)				
Three compartment sink	Chlorine	100					

Equipment Temperature				
Description	Temperature (Fahrenheit)			
2 dr tall	39			
3 dr slider #1	40			
3 dr slider #2	41			

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
	Cold Holding	39

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



### Establishment Information

Establishment Name: Sweet Luni's
Establishment Number: 605321099

### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN) person in charge has knowledge of employee illness policy.
- 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: (N.O.) No food workers present at the time of inspection.
- 6: Facility is not open. No employees.
- 7: (NO) No food workers present during the inspection.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: (IN) Food obtained from 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 product in kitchen
- 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 cooling of TCS foods observed today.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: (IN) Cold holding temperatures are held at 41F or below
- 21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 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:

## Additional Comments

See last page for additional comments.

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

<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: Sweet Luni's Establishment Number: 605321099	Establishment Information	
Establishment Number: 605321099  Comments/Other Observations (cont'd)  Additional Comments (cont'd)	Establishment Name: Sweet Luni's	
Additional Comments (cont'd)	Establishment Number: 605321099	
Additional Comments (cont'd)		
Additional Comments (cont'd)	Comments/Other Observations (cont'd)	
See last page for additional comments.		
	See last page for additional comments.	

Establishment Information					
	Sweet Luni's				
Establishment Number #	605321099				
Sources					
Source Type:	Food	Source:	ADI		
,,					
Source Type:	Water	Source:	Water is from approved source		
Source Type:		Source:			
Source Type:		Source:			
Source Type:		Source:			
Additional Comm	ents				
New permit inspect Certificate of occup Approved to operat	ancy posted.	valuation received. Fees paid	today.		