TENNESSEE DEPARTMENT OF HEALTH

| | | | | | FOOD SERVICE ESTABLISHMENT INSPECTION REPORT SCORE | | | | _ | | | | | | | | |
|-------|---|---|---------|--------|---|-----------|--------|----------|--------|---------|----------|-----------|--------|--|------------|----|----|
| Fetal | hish | Il Primo Ishment Name 10 0 100 D L L L L L L TYPE of Establishment Type of Establishment | | | | | |) | | | | | | | | | |
| Addr | | | | | 9436 Bradmore Ln. | | | | _ | Тур | e of E | stabli | shme | O Temporary O Seasonal | | | / |
| City | | | | ī | Ooltewah | 02 | 2:3 | 0 F | M | AJ | /P | A Tir | ne o | и 03:00: РМ АМ/РМ | | | |
| Inspe | entie | n Da | te | Ċ | 01/13/2023 Establishment # 60525261 | | | | Emba | _ | | | | | | | |
| Purp | | | | | Routine O Follow-up O Complaint | | | - | elimin | - | - | | Cor | nsultation/Other | | | |
| Risk | | | | | O1 102 O3 | | | 04 | | , | | - | | up Required O Yes 🕱 No Number of S | ieats | 11 | 8 |
| | | | isk i | acto | ors are food preparation practices and employee | | | | | | | repo | rtec | to the Centers for Disease Control and Preven | | _ | |
| | | | | as c | ontributing factors in foodborne illness outbreak ECOODROBNE ILLNESS RI | _ | | | | | | _ | | | | | |
| | FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS (Hark designated compliance status (IH, OUT, HA, HO) for each numbered liem. For Items marked OUT, mark COB or R for each Item as applicable. Deduct points for category or subcategory.) | | | | | | | | | | | | | | | | |
| IN- | in co | ompila | nce | | OUT=not in compliance NA=not applicable NO=not observe Compliance Status | ed COS | R | | »s=co | rrecte | t on-si | ite durir | ng ins | pection R=repeat (violation of the same code provisi Compliance Status | on) COS | R | WT |
| | IN | ουτ | NA | NO | Supervision | | _ | | | IN | оυт | NA | NO | Cooking and Reheating of Time/Temperature | | | |
| 1 | | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | | 0 | 0 | 0 | × | Control For Safety (TCS) Foods Proper cooking time and temperatures | 0 | 0 | 5 |
| 2 | | | NA | | Employee Health Management and food employee awareness, reporting | 0 | o | _ | 17 | 0 | 0 | 0 | × | Proper reheating procedures for hot holding Cooling and Holding, Date Marking, and Time as | 0 | 0 | Ĵ |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | | IN | OUT | NA | NO | a Public Health Control | | | |
| 4 | _ | | NA | | Good Hygienic Practices Proper eating, tasting, drinking, or tobacco use | 0 | | | | 00 | 0 | _ | 0.0 | Proper cooling time and temperature Proper hot holding temperatures | 0 | 8 | |
| 5 | 1 | 0 | | 0 | No discharge from eyes, nose, and mouth | ŏ | ŏ | 5 | 20 | 25 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| | | 0 | NA | | Preventing Contamination by Hands Hands clean and properly washed | 0 | 0 | | | * | | | | Proper date marking and disposition | 0 | 0 | |
| _ | x | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved | 0 | 0 | 5 | 22 | | 0 | O NA | | Time as a public health control: procedures and records Consumer Advisory | | 0 | |
| 8 | × | 0 | | _ | alternate procedures followed Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | 23 | _ | 0 | 0 | NO | Consumer advisory provided for raw and undercooked | 0 | 0 | 4 |
| _ | IN 家 | | NA | | Approved Source Food obtained from approved source | - | 0 | | - | IN IN | OUT | - | NO | food Highly Susceptible Populations | ~ | ~ | • |
| 10 | 0 | | 0 | \sim | Food received at proper temperature | 0 | 0 | | 24 | _ | 0 | 22 | no | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| 11 | _ | 0 | | | Food in good condition, safe, and unadulterated Required records available: shell stock tags, parasite | 0 | 0 | 5 | - | | | | | | • | ~ | 9 |
| | | 0 | O NA | 0 | destruction Protection from Contamination | 0 | 0 | | 25 | IN O | OUT | NA | NO | Chemicals | 0 | ~ | |
| 13 | | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | 26 | 1 | ŏ | - | | Food additives: approved and properly used Toxic substances properly identified, stored, used | ŏ | 허 | 5 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 15 | 2 | ٥ | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | ٥ | 5 |
| | | | | Goo | d Retail Practices are preventive measures to co | ontro | the | intr | oduc | tion | of p | atho | ens | , chemicals, and physical objects into foods. | | | |
| | | | | _ | | G00 | | | | | - | | _ | , | | | |
| | | | | 001 | T=not in compliance COS=corre | icted or | n-site | during | | | IV-BO | · | | R-repeat (violation of the same code provision) | | | |
| | _ | OUT | | | Compliance Status Safe Food and Water | COS | R | WT | | | UT | | | Compliance Status Utensils and Equipment | COS | R | WT |
| 28 | _ | | Past | eurize | d eggs used where required | 0 | 0 | 1 | E | | _ | ood an | nd no | nfood-contact surfaces cleanable, properly designed, | | | |
| 29 | _ | 0 | Wate | r and | ice from approved source btained for specialized processing methods | 0 | 0 | 2 | Lª | ° ' | <u> </u> | onstru | cted, | and used | 0 | 0 | 1 |
| 30 | _ | OUT | varia | ince o | Food Temperature Control | | | <u> </u> | 4 | 6 (| o 🛛 | Varewa | ashin | g facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 31 | | | Prop | | oling methods used; adequate equipment for temperature | 0 | 0 | 2 | 4 | _ | N C | lonfood | d-cor | ntact surfaces clean Physical Facilities | 0 | 0 | 1 |
| 32 | - | | | | properly cooked for hot holding | 0 | 0 | 1 | 4 | _ | | lot and | l cold | water available; adequate pressure | 0 | 0 | 2 |
| 33 | _ | | | | thawing methods used | 0 | 0 | 1 | 4 | _ | _ | | | stalled; proper backflow devices | 0 | 0 | 2 |
| 34 | | O OUT | Then | mome | Provided and accurate Food Identification | 0 | 0 | 1 | | | _ | | | waste water properly disposed s: properly constructed, supplied, cleaned | 0 | 0 | 2 |
| 35 | _ | _ | Food | i prop | erly labeled; original container; required records available | 0 | 0 | 1 | - | | | | | use properly disposed; facilities maintained | 0 | 0 | 1 |
| | _ | OUT | | | Prevention of Feed Contamination | - | | - | | | | | | ities installed, maintained, and clean | 0 | 0 | 1 |
| 36 | - | 0 | Insec | ts, ro | dents, and animals not present | 0 | 0 | 2 | 5 | 4 (| DA | dequa | te ve | ntilation and lighting; designated areas used | 0 | 0 | 1 |
| 37 | · | 0 | Cont | amina | ition prevented during food preparation, storage & display | 0 | 0 | 1 | | 0 | UΤ | | | Administrative Items | | _ | |
| 38 | _ | - | | | leanliness | 0 | 0 | 1 | | | _ | | - | nit posted | 0 | 0 | 0 |
| 39 | _ | | | | ths; properly used and stored | | 0 | | 5 | 6 (| D M | lost re | cent | Compliance Status | 0 | | |
| 40 | | OUT | | ngn | ruits and vegetables Proper Use of Utensils | 0 | 0 | - | | | | | | Non-Smokers Protection Act | YES | NO | |

peated violation of an identical risk factor may result in revocation of your foo You are required to post the food service establishment permit in a conspicuou ion of your food service estab corrected immediately or oper ions of risk factor its vithin ten (10) da result in su zards shall be corre d as o ting imm tost recent inspection report in a conspicuous manner. You have the right to request a hearing regard 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ith the Commissioner within ten (10) days of the date of thi nd post the m ng this re g a written request w C.C

57

58 59

5 2 21 \mathcal{C}

41

44

O In-use utensils; properly stored

O Gloves used properly

42 O Utensils, equipment and linens; properly stored, dried, handled
 43 O Single-use/single-service articles; properly stored, used

01/13/2023

Signature of Person In Charge

0 0 1 0 0 1

0 0 1

Ata 1 Date Signature of Environmental Health Specialist

Compliance with TN Non-Smoker Protection Act

If tobacco products are sold, NSPA survey completed

Tobacco products offered for sale

01/13/2023

Date

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

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

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Il Primo Establishment Number #: 605252611

| 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) | | | | | | | |
| Triple sink CL dishwasher | QA CL | 200 50 | | | | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|--------------------------|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | |
| Walk in cooler | 37 | | | | |
| Low boy | 36 | | | | |
| | | | | | |
| | | | | | |

| Food Temperature | | | | | |
|------------------|--|--|--|--|--|
| State of Food | Temperature (Fahrenheit) | | | | |
| Cold Holding | 36 | | | | |
| Cold Holding | 38 | | | | |
| Cold Holding | 36 | | | | |
| Cold Holding | 36 | | | | |
| Cold Holding | 37 | | | | |
| Cold Holding | 36 | | | | |
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| | | | | | |
| | Cold Holding Cold Holding Cold Holding Cold Holding Cold Holding | | | | |



Establishment Name: Il Primo

Establishment Number : 605252611

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 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: Advisory located on menu.
- 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.

***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: II Primo

Establishment Number : 605252611

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: II Primo

Establishment Number # 605252611

| Sources | | | | |
|--------------|-------|---------|--------|--|
| Source Type: | Food | Source: | PFG | |
| Source Type: | Water | Source: | Public | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| | | | | |

Additional Comments