

Establishment Name

Purpose of Inspection

Risk Category

City

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Type of Establishment

Remanent O Mobile

9332 Dayton Pike Address Soddy Daisy

O Temporary O Seasonal

O Consultation/Other

Time in 02:10 PM AM / PM Time out 02:20: PM AM / PM

07/21/2021 Establishment # 605225687 Inspection Date

Routine

Mo Mo Hibachi

∰ Follow-up O Complaint

О3

Embargoed 0 O Preliminary

> Follow-up Required O Yes 疑 No

SCORE

Number of Seats 39

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 117 | ¥=in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | 0 |
|-----|--------|-------|------|----|---|-----|---|----|
| | | | | | Compliance Status | cos | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | × | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | ЭK | 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 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | ° |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 黨 | 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 alternate procedures followed | 0 | 0 | 5 |
| 8 | X | 0 | | | Handwashing sinks properly supplied and accessible | | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | × | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | × | 0 | | | Proper disposition of unsafe food, returned food not re- | | 0 | 2 |

| | | | | | Compliance Status | COS | R | WT |
|----|----|-----|----|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 黨 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 24 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 00 | | |
| 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 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 | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 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 HACCP plan | 0 | 0 | 5 |

s, chemicals, and physical objects into foods.

| | | | GOO | | |
|----|-----|--|-----|---|----|
| | | OUT=not in compliance COS=corr | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Caro rocc and comes | | | _ |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | | 0 | 0 | _; |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | ' |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | : |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | r |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | r |
| | OUT | T Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | , |
| | OUT | Prevention of Food 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 | 188 | Wiping cloths; properly used and stored | 0 | 0 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | ' |
| | OUT | Proper Use of Utensiis | | | |
| 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 | | 0 | 0 | r |
| | | Gloves used properly | 0 | 0 | - |

e

| 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, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | |
| 47 | 黨 | Nonfood-contact surfaces clean | 0 | 0 | - |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | |
| | OUT | Administrative Items | | | |
| 55 | 0 | Current permit posted | 0 | 0 | П |
| 56 | 0 | Most recent inspection posted | 0 | 0 | Ľ |
| | | Compliance Status | YES | NO | ٧ |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 3% | 0 | Г |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ ا |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

report in a conspicuous manner. You have the right to request a hi 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. n ten (10) days of the date of the

07/21/2021

Date Signature of Environmental Health Specialist

07/21/2021 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.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | | | |
|--|---------------------------------|-------------------------------|-------------------------|----------|--|--|--|--|
| Establishment Name: Mo Mo Hibachi | | | | | | | | |
| Establishment Number #: 605225687 | | | | | | | | |
| | | | | | | | | |
| NSPA Survey - To be completed if | | | | | | | | |
| Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older. | trict access to its buildings o | or facilities at all times to | persons who are | | | | | |
| Age-restricted venue does not require each per | rson attempting to gain entr | y to submit acceptable f | 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 | s in non-enclosed areas are | not completely remove | d or open. | | | | | |
| Smoke from non-enclosed areas is infiltrating in | nto areas where smoking is | prohibited. | | | | | | |
| Smoking observed where smoking is prohibited | i by the Act. | | | | | | | |
| | | | | | | | | |
| Warewashing Info | | | | | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fai | renhelt) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Equipment Temperature | | | | | | | | |
| Description | | | Temperature (Fah | renhelt) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | ' | | | | | |
| Food Temperature | | | | | | | | |
| Description | | State of Food | Temperature (Fah | renhelt) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 | | | | | | | | |
| | | | | | | | | |

| Observed Violations | |
|---|---|
| Total # 2 Repeated # 0 | |
| Repeated # 0 | |
| 39: | |
| 17 : | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| "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: Mo Mo Hibachi | |
|--|--|
| Establishment Number: 605225687 | |
| | |
| Comments/Other Observations | |
| | |
| 2. | |
| 3: | |
| 4: | |
| 5: | |
| 6: | |
| /: 9: | |
| ο. 9· | |
| 10: | |
| 11: | |
| 12: | |
| 13: 14: | |
| 14: 15· | |
| 16· | |
| 17: | |
| 18: | |
| 19 : | |
| 20: | |
| 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: | |
| 23: | |
| 24 : | |
| 25: | |
| 26: | |
| 27: | |
| 57: 58: | |
| 30. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| ***See page at the end of this document for any violations that could not be displayed in this s | space. |
| | Market Company |
| 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 Name: Mo Mo Hibachi | | |
|--|--|--|
| Establishment Number: 605225687 | | |
| | | |
| Comments/Other Observations (cont'd) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Additional Comments (cont'd) | | |
| See last page for additional comments. | | |
| oce hast page for additional comments. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Establishment Information

| Establishment Information | | | | | | | |
|-----------------------------------|---------|--|--|--|--|--|--|
| Establishment Name: Mo Mo Hibachi | | | | | | | |
| Establishment Number # 605225687 | | | | | | | |
| | | | | | | | |
| Sources | | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Additional Comments | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |