TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

								7											
Establishment Name								Tur	o of f	Tetalali	ie lie oos o	O Farmer's Market Food Unit ent Ø Permanent O Mobile							
Address				5231 Brainerd Rd. Type of Establishment O Temporary O Seasonal															
City Chattanooga Time in			12	2:1	5 P	M	A	M/PI	и ті	me o	ut 01:00; PM AM / PM								
Inspection Date 10/04/2023 Establishment # 605201270							_	d 0											
Purpose of Inspection KRoutine O Follow-up O Complaint					- O Pre			-		Cor	nsultation/Other								
Risk Category O1 32 O3 O4 F					Fo	ollow-	up Required O Yes 😰 No Number of S	eats	50										
	Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.																		
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																		
134	in e	(Lin ompilu		algna		tes (IN, OUT, HA, HO) for a ance NA=not applicable	NO=not observe		ltema							such Item as applicable. Deduct points for category or subcate spection R=repeat (violation of the same code provisio			
_	_	_	_	_		npliance Status	NO-IN ODDEN		R	And in case of the local division of the loc	Ĩ		u un-s	ne que	- 19 - 110	Compliance Status		R	WT
Ц	-	OUT	NA	NO	Dorson in chaspo	Supervision present, demonstrates kr	house and					IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
	×	0			performs duties		iowieoge, and	0	0	5		12	0	0	-	Proper cooking time and temperatures	00	2	5
2			NA	NO	Management and	Employee Health I food employee awarenee	ss; reporting	0	0		۳	0	0	0		Proper reheating procedures for hot holding Ceeling and Helding, Date Marking, and Time as	0	0	
	×	0			Proper use of res	triction and exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Control			
4		OUT O	NA			ood Hygionic Practice sting, drinking, or tobacco						Š	0	<u> 0</u> 夏	_	Proper cooling time and temperature Proper hot holding temperatures	0		
5	1	0		0		meyes, nose, and mouth	494	ŏ	ŏ	5	20	25	0	0	0	Proper cold holding temperatures	0	0	5
	IN 演	OUT O	NA		Preven Hands clean and	ting Contamination by	/ Hands	0	0			*			-	Proper date marking and disposition	0		*
7	R	ŏ	0	ŏ	No bare hand cor	ntact with ready-to-eat foo	ds or approved	ŏ	ŏ	5	22	0	0	×		Time as a public health control: procedures and records	0	0	
8	X	0	-	-	alternate procedu Handwashing sin	ires followed ks properly supplied and a	accessible		0	2	23	IN O	OUT	NA	NO	Consumer Advisory Consumer advisory provided for raw and undercooked	0	0	-
9			NA	NO	Food obtained fro	Approved Source		0	0	_		IN	OUT		NO	food Highly Susceptible Populations	_	-	-
10	0	0	0	20	Food received at	proper temperature		0	0		24	-	0	20	110	Pasteurized foods used; prohibited foods not offered	0	0	5
11			~			dition, safe, and unadulte available: shell stock tag		0	0	5	-	_		-			_	<u> </u>	-
	0	0	X	O NO	destruction			0	0		25	IN O	OUT				0		
		0		NO	Food separated a	and protected	ltion	0	0	4	29	×	0	X	J	Food additives: approved and properly used Toxic substances properly identified, stored, used	0	ö	5
14	×	0				faces: cleaned and sanitiz		0	0	5		IN	OUT	NA					
15	2	0			proper disposition served	n of unsafe food, returned	food not re-	0	0	2	27	0	0	邕		Compliance with variance, specialized process, and HACCP plan	0	0	5
				Goo	d Retail Practi	ices are preventive n	neasures to co	ontro	l the	intro	duc	tion	ofp	atho	gens	s, chemicals, and physical objects into foods.			
						-		GOO	D R	IATE	. PR	ACT	TICES	5	_				
				00	Tenot in compliance	pliance Status	COS=corre	ected o		during						R-repeat (violation of the same code provision) Compliance Status	0.08	ъT	WT
		OUT			Safe	Food and Water		008				0	UT			Utensils and Equipment	000	~ 1	
2					d eggs used when lice from approve			8	8	1	4	5 1				onfood-contact surfaces cleanable, properly designed, and used	0	0	1
3	_	Õ			obtained for specia	alized processing methods	\$	ŏ	ŏ	1	4	6)				ing facilities, installed, maintained, used, test strips	0	0	1
		OUT	Prop	er co		emperature Control d; adequate equipment fo	r temperature	L			4					ntact surfaces clean	0	0	1
3	1		contr			a, accelence oderbruere re		0	0	2		0	UT			Physical Facilities			
3					properly cooked f thawing methods				8	1	4	_	-			d water available; adequate pressure stalled; proper backflow devices	8	응	2
3	_		<u> </u>		eters provided and			ŏ	ŏ	1	5	_	_	Sewage and waste water property disposed			0	0	2
		OUT			Fee	d identification					5	_	_	Toilet facilities: properly constructed, supplied, cleaned				0	1
3	5		Food	l prop		al container; required rec		0	0	1	5		-	-	·	use properly disposed; facilities maintained	0	0	1
3	,	OUT	Incor	de es		of Feed Contaminatio	'n	0	0	2	5					ilities installed, maintained, and clean	-	0	1
	-	-			dents, and animal				+	_	F	-	-	deque	ne ve	entilation and lighting; designated areas used	0	0	'
3						ring food preparation, sto	rage & display	0	0	1			UT			Administrative items	-		
38 O Personal cleanliness 39 O Wiping cloths; properly used and stored		0	0	1	5					nit posted inspection posted	0	8	0						
40 O Washing fruits and vegetables				0							Compliance Status			WT					
OUT Proper Use of Utensils In-use utensils; properly stored				0	0	1		57 Compliance with TN Non-Smoker Protection Act				26							
4		0	Uten	sils, e	quipment and line	ins; properly stored, dried,		0	0	1	5	8	T	obacc	o pro	oducts offered for sale roducts are sold, NSPA survey completed	0	0	0
4	_				ed properly	ticles; properly stored, use			8		x	a	1	10080	co pr	www.s are solu, rear A survey completed	0	0	
																Repeated violation of an identical risk factor may result in revoc			
			st the	most	recent inspection re	port in a conspicuous mann	er. You have the rig	the to r	eques							ie. You are required to post the food service establishment permit filing a written request with the Commissioner within ten (10) days			
repo	t. T.	CA .	ectio			-14-708, 68-14-709, 68-14-711								/		1			
		-	$ \uparrow $		L.	XI	10/0)4/2	023	3	2	7			1	1	.0/0	4/2	2023

Signature of Person In Charge

10/04/2023

Date Signature of Environmental Health Specialist

SCORE

**** 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		
1192201 (Nev. 0-10)	Please call () 4232098110	to sign-up for a class.	nue des

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Heavenly Flavored Wings Establishment Number # 605201270

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	Chlorine	50								

Equipment Temperature							
Description	Temperature (Fahrenheit)						
Walk in cooler	38						

Food Temperature Decoription	State of Food	Temperature (Fahrenheit
Raw chicken-RIC	Cold Holding	39
Raw chicken WIC	Cold Holding	38
Chicken gizzards	Cold Holding	38
Chicken wings after 1 hour	Cooling	100
Chicken wings	Cooking	204

Observed Violations

Total # 3

Repeated # ()

45: Cardboard lining shelves; rusted equipment and surfaces.

46: No test strips. 53: Floor and wall in poor repair.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: Manager knowledgable of symptoms. Copy sent to manager.

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 hand washing 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: Sysco, Gordons.

- 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: Chicken wings cooked to 204 F.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Chicken wings cooling uncovered in the freezer-temping 100 F after 1 hour.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: All TCS foods holding at or below 41 F.
- 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.

Establishment Information

Establishment Name: Heavenly Flavored Wings Establishment Number: 605201270

Comments/Other Observations (cont'd)

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

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Sources				
Source Type:	Water	Source:	Public	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments