### **TENNESSEE DEPARTMENT OF HEALTH** FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Control of the second s						F	FOOD S	ERVICE ESTA	BL	ISH	IMI	ENT	1	ISP	PEC	TIC	ON REPORT	sco	RE		
R.		HAN T	S.															1 1			
Establishment Name				WXYZ Kitchen O Farmer's Market Food Unit Permanent O Mobile																	
Address			2090 H	lamilto	n Place I	Blvd.				_	Тур	e of E	stabli	shme	O Temporary O Seasonal				/		
			Chattanooga Time in 11:30, AM _ AM / PM _ Time out 11:45; AM _ AM / PM																		
City						<u> </u>	2 Establish					Emba	-			ne or	A AM/PM				
Inspection Date 12/05/2022 Establishment # 60530700					_	elimin		-		Cor	sultation/Other										
		egory			01		101011-0p	03			04						up Required O Yes 🕱 No	Number of S	ioats	11	5
PUSA	Cab		ak I	acto	ors are fo	od prepa	ration prac	tices and employee	behi	vior	8 mK	et co	mm	only	repo	rtec	to the Centers for Disease Cont	rol and Preven	tion		_
				as c	ontributir	ng factor											control measures to prevent illn	ess or injury.			
		(Mai	rk de	elgnet	ed complian	ace status (		BORNE ILLNESS RI 0) for each numbered iter									ach liem as applicable. Deduct points for	category or subcate	gory.)		
IN	in co	mpia	nce		OUT=not in		NA=not app ance Statu			R		S=cor	recte	l on-si	te duri	ng ins	pection R=repeat (violation of th Compliance Status		on) COS	R	WT
	IN (	ουτ	NA	NO			Supervisie						IN	оит	NA	NO	Cooking and Reheating of Time/	Temperature		_	
1	黨	0			Person in o performs d		sent, demonst	rates knowledge, and	0	0	5	16	0	0	0	×	Control For Safety (TCS) Proper cooking time and temperatures	Foods	0	न	
	IN (		NA	NO		E	imployee He	wareness; reporting	0			17	ò	0	0	X	Proper reheating procedures for hot hok		8	Ō	•
	_	ŏ					ion and exclus		ŏ	ŏ	5		IN	ουτ	NA	NO	Cooling and Holding, Date Markin a Public Health Contr				
		_	NA		D		Hygienic Pr						0	0	0		Proper cooling time and temperature		0	읭	
	*			0	No dischar	rge from ey	, drinking, or t ves, nose, and	mouth	8	0	5	20	0	0	0		Proper hot holding temperatures Proper cold holding temperatures		0	0	5
		OUT	NA				centamina perly washed	tion by Hands	0	0		21 22	<u>家</u>	0	0 第		Proper date marking and disposition Time as a public health control: procedu	me and records	0	0	-
7	0	0	0	×	No bare ha alternate pr			-eat foods or approved	0	0	5			OUT			Consumer Advisory		~	9	_
8		0 001	NA	NO	Handwashi		roperly suppli pproved Sou	ed and accessible	0	0	2	23	×	0	0		Consumer advisory provided for raw and food	d undercooked	0	0	4
	8			-		ined from a	pproved sourcer temperature	>e	0	0			IN	OUT		NO	Highly Susceptible Popula	ations		_	
11		0		~	Food in go	od conditio	n, safe, and u	nadulterated	ŏ	0	5	24	٥	0	×		Pasteurized foods used; prohibited food	s not offered	0	0	5
		- 1	×	0	destruction	1		ock tags, parasite	0	0				OUT			Chemicais		_		
	2	0	NA	NO	Food separ	Protection rated and p	on from Con protected	tamination	0	0	4		0 ()	0	X		Food additives: approved and properly u Toxic substances properly identified, sto		0	0	5
14		0	0				s: cleaned and unsafe food in	d sanitized eturned food not re-	0	0	5		-	OUT	_	NO	Conformance with Approved I Compliance with variance, specialized p			-	
15	2	0			served				0	0	2	27	0	0	黨		HACCP plan		0	0	5
				Goo	d Retail P	Practices	are preve	tive measures to co	ontro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical object	s into foods.			
				ou	F=not in com	plance		COS=com				L PR		1CI S	3		R-repeat (violation of the san	ne code provision)			
_		OUT	_			Complia	ance Status od and Wate	1	COS	R	WT	É		UTI		_	Compliance Status Utensils and Equipment		COS	R	WT
2	3	0			d eggs use	d where re	quired	•	0	2	1	45		D FO			nfood-contact surfaces cleanable, prope	rly designed,	0	0	1
3	)	0				specialized	d processing r		ő	0 0	2	40	: (	-			and used g facilities, installed, maintained, used, te	est strips	0	0	1
		OUT	Prop	er coo			dequate equip	ment for temperature	0	0		47		_			tact surfaces clean		0	0	1
3		<u>۷</u>	contr	lo	property co				0		2	48			of and	Loold	Physical Facilities water available; adequate pressure		0	া	2
3	3	0	Appr	oved	thawing me	ethods used	1		0	0	1	45		D PI	lumbir	ng ins	talled; proper backflow devices		0	0	2
3		OUT	Then	mome	eters provid		ourate fentification	I	0	0	1	50	_	_			waste water properly disposed s: properly constructed, supplied, cleane	d	0	0	2
3	;	0	Food	i prop	erly labeled	t; original c	ontainer; requ	ired records available	0	0	1	52	2	<b>)</b> G	arbag	e/refu	use properly disposed; facilities maintaine	ed	0	0	1
	-	OUT					food Contan	nination				53	_	-	/		ities installed, maintained, and clean		0	0	1
3	+	-		-	dents, and				0	0	2	54	+	-	dequa	de ve	ntilation and lighting; designated areas u	sed	0	0	1
3	_	_				nted during	food preparat	ion, storage & display	0	0	1			UT			Administrative items			-	
3	_	-			leanliness ths; propert	ly used and	d stored		0	0		55	_				nit posted inspection posted		0	0	0
4	_	O DUT	Was	hing f	ruits and ve		se of Utensi		0	0	1		_	_	_	_	Compliance Status Non-Smokers Protection	Act	YES	NO	WT
4		0			nsils; proper	rly stored				8		57					with TN Non-Smoker Protection Act		8	읽	_
4	3	0	Singl	e-use	/single-serv	vice articles	properly store s; properly sto	d, dried, handled red, used		0	1	58 58					ducts offered for sale oducts are sold, NSPA survey completed	i	0	0	0
4					ed properly					0						- In the second s	Record distribution of an interview with the				
servi	ce es	tablis	hmen	t perm	sit. Items ide	ntified as co	instituting immi	nent health hazards shall b	e corre	cted i	mmed	iately o	e ope	ration	s shall	ceas	Repeated violation of an identical risk factor a. You are required to post the food service - lling a written request with the Commissioner	establishment permit	in a c	onspi	icuous
								8-14-711, 68-14-715, 68-14-7			. a 198	ang n	-gard	-g ui	2 report			- States and the cashe	UT 1016		
	(	$\mathcal{D}$	ſ	٦	til	1e		12/0	)5/2	022	2	_		7	/	~		1	.2/0	5/2	022
Sim	atur	e of I	Pers	on In	Charge					[	Date	Sig	natu	re of I	Envin	onme	ental Health Specialist				Date
agr	atar											-					ealth/article/eh-foodservice ****				

PH-2267 (Rev. 6-15)	Free food safety training cla Please call (	isses are available each mor ) 4232098110	th at the county health department. to sign-up for a class.	RDA 629

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



#### Establishment Information

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Establishment Name: WXYZ Kitchen Establishment Number #: 605307002

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)					

Equipment Temperature	
Decoription	Temperature (Fahrenheit)

escription	State of Food	Temperature ( Fahrenheit

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



### Establishment Information

Establishment Name: WXYZ Kitchen Establishment Number : 605307002

Comments/Other Observations

1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11:

12:

<b>a</b>		
.3:		
.4:		
5:		
6.		
7.		
3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 7: 8: 9: 0: 7: 7: 8: 9: 0: 7: 7: 8: 9: 0: 7: 7: 8: 9: 7: 7: 8: 9: 7: 7: 8: 9: 7: 7: 8: 9: 7: 7: 8: 7: 7: 8: 9: 7: 7: 8: 7: 7: 8: 7: 7: 8: 7: 7: 8: 7: 7: 8: 7: 7: 7: 7: 7: 8: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7		
.8.		
9:		
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21:		
2:		
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57:		
8:		

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: WXYZ Kitchen

Establishment Number : 605307002

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: WXYZ Kitchen Establishment Number #. 605307002

Sources		
Source Type:	Source:	
Additional Comments		

#20 corrected.