

Establishment Name

Inspection Date

Purpose of Inspection

Address

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

O Permanent MMobile Type of Establishment

Time in 08:30 AM AM/PM Time out 08:45; AM AM/PM

O Temporary O Seasonal

05/07/2022 Establishment # 605309845 Embargoed

C & K Snowy Delights (Mobile)

8986 Wandering Way

Ooltewah

O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other

Risk Category О3 04 Follow-up Required O Yes 疑 No

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

status (IN, OUT, NA, NO) for ea

IN	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		co	S=co	recte	d on-si	te duri	ng ins	pection				
					Compliance Status	cos	R	WT						Compl				
	IN	оит	NA	NO	Supervision					IN	оит	NA	NO	Cooking and				
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	XX.	0	Proper cooking t				
	IN	OUT	NA	NO	Employee Health			-	17	ō	ŏ	1	_	Proper reheating				
2 0 0			Management and food employee awareness; reporting	0	<u> </u>							Cooling and H						
3	×	0			Proper use of restriction and exclusion	0	0	5		IN	OUT	NA	NO					
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	0	X	Proper cooling ti				
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19	0	0	0	黨	Proper hot holding				
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	°	20	0	0	200		Proper cold hold				
	IN	OUT	NA	NO	Preventing Contamination by Hands				21	0	0	0	24	Proper date man				
6	黨	0		0	Hands clean and properly washed	0	0		22	0	0	×	0	Time as a public				
7	0	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5					_	Time as a poorc				
-1	_	_	_	_	alternate procedures followed	_	_			IN	OUT	NA	NO					
8	氮	0	515	110	Handwashing sinks properly supplied and accessible	0	0 0 2		0 0 2		0 0 2		23	0	ΙoΙ	300		Consumer advis
_		OUT	NA	NO	Approved Source			-		_		0-0		food				
9	黨	0	_	_	Food obtained from approved source	0	0			IN	OUT	NA	NO	Highi				
10	0	0	0	280	Food received at proper temperature	0	0	١. ١	24	0	l٥l	320		Pasteurized food				
11	×	0			Food in good condition, safe, and unadulterated	0	0 0 5		0 0 0			_	_	-				
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	OUT		NO					
	IN	OUT	NA	NO	Protection from Contamination				25		0	X		Food additives: a				
13	黛	0	0		Food separated and protected	0	0	4	26	窦	0			Toxic substance				
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Conforma				
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×		Compliance with HACCP plan				

ᆫ	Compliance status					000	ĸ	** 1
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	黨	0	Proper cooking time and temperatures	0	0	5
17	0	0	3%	0	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	寒	Proper hot holding temperatures	0	0	
20	0	0	200		Proper cold holding temperatures	0	0	5
21	0	0	0	24	Proper date marking and disposition	0	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	OUT	NA	NO	Chemicals			
25	0	0	- XX		Food additives: approved and properly used	0	0	5
26	0.0	0			Toxic substances properly identified, stored, used	0	0	
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

### to control the introduction of pathogens, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Safe Food and Water			
28	0	Pasteurized eggs used where required	0	0	1
29	0	Water and ice from approved source	0	0	_;
30	0	Variance obtained for specialized processing methods	0	0	١.
	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	Г
33	0	Approved thawing methods used	0	0	Ι.
34	0	Thermometers provided and accurate	0	0	Т
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	1
	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	Ī
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils	$\top$		
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	0	0	

spect	ion	R-repeat (violation of the same code provision)	)			
	COS	R	WT			
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	1	
47	0	Nonfood-contact surfaces clean	0	0	1	
	OUT	Physical Facilities				
48	0	Hot and cold water available; adequate pressure	0	0	2	
49	0	Plumbing installed; proper backflow devices	0	0	2	
50	0	Sewage and waste water properly disposed	0	0	2	
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1	
53	0	Physical facilities installed, maintained, and clean	0	0	1	
54	0	Adequate ventilation and lighting; designated areas used	0	0	1	
	OUT	Administrative Items	Т			
55	0	Current permit posted	0	0	0	
56	0	Most recent inspection posted	0	0	۰	
		Compliance Status	YES	NO	WT	
	Non-Smokers Protection Act					
57		Compliance with TN Non-Smoker Protection Act	- X	0		
58		Tobacco products offered for sale	0	0	0	
59		If tobacco products are sold, NSPA survey completed	0	0		

recent inspection report in a conspicuous manner. You have the right to request a he-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ithin ten (10) days of the date of th

05/07/2022

Date Signature of Environment

05/07/2022

Signature of Person In Charge

Date

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

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



Establishment Information				
Establishment Name: C & K Snowy Do	elights (Mobile)			
Establishment Number #: 605309845	)			
NCDA Commun. To be accorded if	#F7 :- #M-11			
NSPA Survey - To be completed if Age-restricted venue does not affirmatively res		r facilities at all times to p	persons who are	
twenty-one (21) years of age or older.				
Age-restricted venue does not require each pe	rson attempting to gain entry	to submit acceptable for	m of identification.	
"No Smoking" signs or the international "Non-S	Smoking" symbol are not con-	spicuously posted at eve	ry entrance.	
Garage type doors in non-enclosed areas are	not completely open.			
Tents or awnings with removable sides or vent	s in non-enclosed areas are	not completely removed	or open.	
Smoke from non-enclosed areas is inflitrating i	nto areas where smoking is p	prohibited.		
Smoking observed where smoking is prohibite	d by the Act.			
Warewashing Info	Sanitizer Type	PPM	Temperature ( Fah	renhelfi
Triple Sink	Chlorine	50	Tomporator ( ) an	il oranione,
Triple Sirik	Chionne	30		
Equipment Temperature				
Description			Temperature ( Fah	renheit)
Food Tomporature				
Food Temperature		State of Food	Temperature ( Fah	renhelf)
Decomption		state of Pood	reinperature ( Pan	remient)

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



### Establishment Information

Establishment Name: C & K Snowy Delights (Mobile)

Establishment Number: 605309845

### 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: Proper hand washing observed.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: Source approved.
- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: (NA) Establishment does not cold hold TCS foods.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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.

<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: C & K Snowy Delights (Mobile)				
Establishment Number: 605309845				
Comments/Other Observations (cont'd)				
Additional Comments (cont'd)				
See last page for additional comments.				

Establishment Information

Establishment Information							
Establishment Name: C & K Snowy Delights (Mobile)							
Establishment Number # 605309845							
Sources							
Source Type: Food	Source:	Grocery					
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							