TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| Tank . | | | | | | | | | | 20 | | | | | | | | | |
|--------------------|-------------|--------|---------------------------------------|--|--|--------------------|---------|--------|------------|-----------------|----------------|----------|-------------------|--------|---|--------------|----------|-----|----|
| Establishment Name | | ame | Armando's O Fermer's Market Food Unit | | | | | | | | | | | | | | | | |
| Address 7032 I | | | | 7032 Lee Hwy. | • | | | | | | .,,, | | | 21111 | O Temporary O Seasonal | | | | / |
| City | Chattanooga | | | Time in | 01 | .:3 | 0 F | M | AN | //PN | / Tin | ne ou | л 02:10: PM АМ/РМ | | | | | | |
| Inspec | tion D | ate | | 08/01/2023 | Establishment # | | | | | | | d 0 | | | | | | | |
| Purpo | se of I | nspe | | | D Follow-up | O Complaint | | | - O Pre | | | _ | | Cor | suitation/Other | | | | |
| Risk (| Catego | | | | 1 2 2 | O 3 | | | O 4 | | | | | | up Required O Yes 🕱 No | Number of Se | eats | 66 | |
| | | Riak | | | | | | | | | | | | | to the Centers for Disease Contro control measures to prevent illnes | and Prevent | ion | | |
| | | | | | | | | | | | | | | | INTERVENTIONS | | | | |
| IN-ir | n comp | | | OUT=not in compliance | | NO=not observe | | lie me | | | | | | | ach Item as applicable. Deduct points for cat pection R=repeat (violation of the s | | | | |
| | | | | | nce Status | | COS | R | WT | | | | | _ | Compliance Status | | cos | R | WT |
| _ | | - | A NO | Person in charge prese | Supervision ent. demonstrates kno | wledge, and | - | | _ | | IN | ουτ | NA | NO | Cooking and Reheating of Time/Te Control For Safety (TCS) Fo | | | | |
| | | | A NO | performs duties | nployee Health | integr, une | 0 | 0 | 5 | | 意 | | 00 | | Proper cooking time and temperatures Proper reheating procedures for hot holding | | 8 | 응 | 5 |
| 23 | (O | | | Management and food | employee awareness | ; reporting | | 0 | | H ⁺ | | олт | | NO | Cooling and Holding, Date Marking, | | <u> </u> | - | |
| - | 8 0 | _ | | Proper use of restriction | | | 0 | 0 | <u> </u> | | | | | | a Public Health Control | | - | - | |
| 4 8 | 80 | | A NO | Proper eating, tasting, o | tygionic Practicos drinking, or tobacco u | 50 | 0 | 0 | 5 | 19 | 0 嵐 | 0 | 8 | | Proper cooling time and temperature Proper hot holding temperatures | | 8 | 0 | |
| 5 8 | 0 2 | | A NO | No discharge from eyes | s, nose, and mouth Contamination by I | Handa | 0 | | <u> </u> | | 10 | 00 | 8 | ~ | Proper cold holding temperatures Proper date marking and disposition | | 8 | 8 | 5 |
| | 0 | | | Hands clean and prope | erly washed | | 0 | 0 | | 22 | 0 | 0 | ŏ | | Time as a public health control: procedures | and records | _ | 0 | |
| | s o | | 0 | No bare hand contact w alternate procedures for | | s or approved | 0 | 0 | 5 | | - 1 | - | NA | | Consumer Advisory | | - | - | |
| 8 3 | | T N/ | A NO | Handwashing sinks pro | operly supplied and ac proved Source | cessible | 0 | 0 | 2 | 23 | × | 0 | 0 | | Consumer advisory provided for raw and u food | ndercooked | 0 | 0 | 4 |
| 9 8 | 8 0 | | | Food obtained from app | proved source | | | 0 | | | IN | OUT | NA | _ | Highly Susceptible Populati | ons | _ | _ | |
| 10 C | | | | Food received at prope Food in good condition, | | ted | 8 | 0 | 5 | 24 | 0 | 0 | 8 | | Pasteurized foods used; prohibited foods n | ot offered | 0 | 이 | 5 |
| 12 (| _ | 1.0 | 8 O | Required records availa destruction | able: shell stock tags, | parasite | 0 | 0 | | | IN | OUT | NA | NO | Chemicais | | | | |
| | | | A NO | Protection | n from Contaminat | ion | | | | | | 0 | X | | Food additives: approved and properly use | | 8 | ु | 5 |
| 13 3 | 8 0 8 0 | 18 | 2 | Food separated and pro Food-contact surfaces | | d | 8 | 0 | 4 | 26 | <u>宗</u> IN | | NA | NO | Toxic substances properly identified, stored Confermance with Approved Pro | | 0 | 0 | |
| 15 8 | _ | _ | _ | Proper disposition of un served | nsafe food, returned fo | ood not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized proc HACCP plan | ess, and | 0 | 0 | 5 |
| - | | - | 6~ | | are preventive m | ensures to co | atro | the | intre | duc | tion | of a | athor | | , chemicals, and physical objects i | into foods | _ | - | _ |
| | | | | | are presentite in | | | | at/Ali | | | <u> </u> | _ | | , enemieans, and physical objects i | | | | |
| | | | 00 | T=not in compliance | nce Status | COS=corre | cted o | | during | | | | | | R-repeat (violation of the same Compliance Status | | COS | | WT |
| | 00 | | | Safe Food | d and Water | | | _ | | | 0 | UT | | | Utensils and Equipment | | | ~ 1 | |
| 28 29 | | | | ed eggs used where require from approved sour | | | 8 | 0 | 1 | 45 | 5 C | | | | nfood-contact surfaces cleanable, properly- and used | designed, | 0 | 0 | 1 |
| 30 | 0 | | riance | btained for specialized | processing methods rature Control | | 0 | 0 | 1 | 46 | ; (| o w | /arews | shin | g facilities, installed, maintained, used, test | strips | 0 | 0 | 1 |
| 31 | 0 | Pro | | oling methods used; ade | | temperature | 0 | 0 | 2 | 47 | _ | - | onfood | 5-cor | tact surfaces clean | | 0 | 0 | 1 |
| 32 | - | | ntrol | properly cooked for hot | bolding | | 0 | | | 48 | | | of and | cold | Physical Facilities water available; adequate pressure | | 0 | | 2 |
| 33 | 0 | Ap | proved | thawing methods used | | | 0 | 0 | 1 | 49 | | - | | | talled; proper backflow devices | | 0 | 0 | 2 |
| 34 | 0 | | ermom | eters provided and accur Food Ide | nate | | 0 | 0 | 1 | 50 | _ | | | | waste water properly disposed s: properly constructed, supplied, cleaned | | | 0 | 2 |
| 35 | 0 | - | od prog | erly labeled; original con | | rds available | 0 | 0 | 1 | 52 | _ | | | | use properly disposed; facilities maintained | | _ | 0 | 1 |
| | OU | r | | Prevention of Fe | od Contamination | | | | | 53 | 1 | D P | hysica | l faci | ities installed, maintained, and clean | | | • | 1 |
| 36 | 0 | Ins | ects, ro | dents, and animals not p | present | | 0 | 0 | 2 | 54 | 1 C | D A | dequa | te ve | ntilation and lighting; designated areas used | b | 0 | 0 | 1 |
| 37 | 0 | co | ntamin | ation prevented during fo | ood preparation, stora | ige & display | 0 | 0 | 1 | | 0 | UT | | | Administrative items | | | | |
| 38 | | | | leanliness | | | 0 | 0 | | 55 | | _ | | - | nit posted | | 0 | 0 | 0 |
| 39 40 | _ | _ | | ths: properly used and s ruits and vegetables | stored | | 0 | 0 | | 1 ⁵⁶ | | J IM | ost rei | cent | Compliance Status | | O YES | | WT |
| 41 | 00 | | uro de | Proper Use nsils; properly stored | e of Utensils | | ~ | 0 | | 57 | | | omeEr | 1000 | Non-Smokers Protection Act with TN Non-Smoker Protection Act | t | | | |
| 42 | 0 | Ub | ensils, e | quipment and linens; pr | roperly stored, dried, I | handled | 0 | 0 | 1 | 58 | 5 | To | obacco | o pro | ducts offered for sale | | 8 | ŏ | 0 |
| 43 44 | | | | single-service articles; ed properly | property stored, used | 1 | | 0 0 | | 55 | | If | tobacc | o pr | oducts are sold, NSPA survey completed | | 0 | 0 | |
| | | | | | | | | | | | | | | | Repeated violation of an identical risk factor m | | | | |
| manne | r and p | ost ti | he most | recent inspection report in | a conspicuous manner. | You have the rig | ht to n | eques | | | | | | | e. You are required to post the food service esti- ling a written request with the Commissioner wi | | | | |
| report. | | | ions 68- | 14-703, 68-14-706, 68-14-700 | 8, 68-14-709, 68-14-711, (| 08-14-715, 68-14-7 | 16, 4-5 | 320. | | | $^{\prime}$ | 1 | 0 | L | 11 | | | | |

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08/01/2023

23 Date Signature of Environmental Health Specialist

08/01/2023

SCORE

| Signature | of F | Person | In Charg | e |
|-----------|------|--------|----------|---|
|-----------|------|--------|----------|---|

Date

| ···· / | Additional food s | afety information can b | e found on our website, | http://tn.gov/health/article/eh-foodservice **** |
|--------|-------------------|-------------------------|-------------------------|--|
|--------|-------------------|-------------------------|-------------------------|--|

| PH-2267 (Rev. 6-15) | Free food safety training class | RDA 6 | | |
|----------------------|---------------------------------|--------------|-------------------------|---------|
| (192201 (1997. 0-10) | Please call (|) 4232098110 | to sign-up for a class. | 104 025 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Armando's Establishment Number #: 605056653

| VSPA Survey – To be completed if #57 is "No" | |
|--|--|
| ve-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are wenty-one (21) years of age or older. | |
| vge-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. | |
| Sarage type doors in non-enclosed areas are not completely open. | |
| ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | |
| moke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | |
| moking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | |
| Triple sink | CL | 50 | | | | | | |

| Equipment l'emperature | | | | | |
|------------------------------|--------------------------|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | |
| Reach in cooler | 39 | | | | |
| Reach in cooler storage area | 37 | | | | |
| | | | | | |

| Food Temperature | | |
|---|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| Cubed ham (reach in cooler) | Cold Holding | 37 |
| Sliced tomatoes (reach in) | Cold Holding | 39 |
| Sliced tomatoes (prep bar) | Cold Holding | 38 |
| Hamburgers | Hot Holding | 158 |
| Hamburgers | Cooking | 168 |
| Grilled chicken (reach in storage area) | Cold Holding | 38 |
| | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Armando's

Establishment Number : 605056653

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 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: (IN): 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: (IN): 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: (IN): See temperatures.

- 17: (NO) No TCS foods reheated during inspection.
- 18: (NO): no TCS foods observed cooling during routine inspection.

19: (IN): See temperatures.

- 20: (IN): 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: (IN): 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.

Establishment Information

Establishment Name: Armando's

Establishment Number: 605056653

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Armando's

Establishment Number # 605056653

| ood Sourc | 9: | Sams |
|------------|---------------------------------|--------|
| ater Sourc | 9: | Public |
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| Sourc | 9: | |
| Sourc | 9: | |
| | ater Source Source Source | |

Additional Comments