TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

FOOD SERVICE ESTA					STA	BLI	SH	ME	N	r 11	NSI	PEC	TI	ON REPORT	sco	RE								
Ś			and a second																					
Esta	blish	men	t Nar	me	В	rewhaus	5													Farmer's Market Food Unit Ø Permanent O Mobile	9	r)	
Addr	655				22	24 Frazi	er A	ve.								Typ	e of t	Establi	shme	O Temporary O Seasonal	J	L		
City					C	hattanoo	oga				Time in	03	8:3	0 P	M	A	M/P	и та	me oi	ut 03:50; PM AM / PM				
	etie	n Da	te		0	2/09/2	023	3 Eet	ablishmen							_	d 0							
Inspection Date 02/09/2023 Establishment # 605216210							- O Pre			-		Cor	nsultation/Other											
		egon			0			\$22		03				04		,				up Required O Yes 🕱 No	Number of S	ieats	44	
				Fac	tors	are food	prepa	ration	practice	e and emp	loyee b	eha	vior	s mo	st c	omn	nonh	rep	ortec	to the Centers for Disease Cont	rol and Preven		_	
				3.5	con	tributing t	actor													control measures to prevent ille	ess or injury.			
		(1	ırk de	ngler				(IN, OUT,	, HA, HO) Io	r each nambe	red Item.	For	tem	mark	M 06	л, н	ark CC	28 or P	for e	ach liem as applicable. Deduct points for)	
IN	in c	ompili	ance		ou	JT=not in com		NA=n ance 5		le NO=not	t observed		R		S=co	rrecte	d on-s	ite duri	ng ins	spection R=repeat (violation of th Compliance Status	e same code provisi		R	WT
	IN	ουτ	NA	NO					rvision							IN	оυт	NA	NO	Cooking and Reheating of Time/			_	
		0			pe	rson in charge rforms duties		sent, de	monstrates	s knowledge,	and	0	0	5		12	0	0		Control For Safety (TCS) Proper cooking time and temperatures		0	0	6
2			NA	NO		anagement a			oo Hoalth yee aware	ness; reportir	ng	0	0	_	17	0				Proper reheating procedures for hot hok Ceeling and Heiding, Date Marking		0	0	Ű
3	×	0				oper use of r	restricti	ion and	exclusion			0	0	5		IN	OUT	NA	NO	a Public Health Contr				
4	IN Y	OUT O	NA		_	oper eating, t			nic Practi			0	0			0 送	0	0		Proper cooling time and temperature Proper hot holding temperatures		00	0	
5		0		0	No	discharge fr	rom ey	es, nos	e, and mou	uth		ŏ	ŏ	5	20	25	0	0		Proper cold holding temperatures		0	0	5
	N N	001	NA			ands clean ar				by Hands		0	0		21	8	0	0 第		Proper date marking and disposition Time as a public health control: procedu	res and records	0	0 0	
7	×	0	0	0		bare hand c emate proce				foods or appr	roved	0	0	5	-		OUT		NO			-	-	
8		0	NA			indwashing s			supplied an	nd accessible	•	0	0	2	23	×	0	0		Consumer advisory provided for raw an food	d undercooked	0	0	4
9	×	0		-	Fo	od obtained	from a	pproved	d source			0				IN	OUT	NA	NO	Highly Susceptible Popul	tions			
10 11	×	0	0		Fo	od received od in good o	onditio	on, safe,	and unadu			00	0	5	24	0	0	83		Pasteurized foods used; prohibited food	s not offered	0	0	5
	0	0	×	0	de	equired recor struction	rds ava	ilable: s	hell stock	tags, parasite	5	0	0			IN	ουτ			Chemicais				
13			NA	NO	_	Pre od separate			n Contam	Ination		0	0	4	25 26	0 度	0	X		Food additives: approved and properly of Toxic substances properly identified, sto		0		5
14				1	Fo	od-contact s	urface	s: clean	ed and sar			ŏ	ŏ	5		IN		NA	NO	Conformance with Approved I	Procedures			
15	2	0				oper disposit rved	tion of	unsafe f	lood, return	ned food not r	ne-	0	0	2	27	0	0	窝		Compliance with variance, specialized p HACCP plan	rocess, and	0	0	5
				Go	od I	Retail Prac	otices		reventiv	e messure	e to cor	itrol	the	intre	vduc	tion	of	atho	oens	s, chemicals, and physical object	a into fooda.			
					_									TAI										
				0	UT⊧r	ot in complian		ance S	tatua	cc	0\$=correct	led or		during						R-repeat (violation of the sar Compliance Status	ne code provision)	008	P	WT
	_	OUT				Sa	fe Fe	od and								0	UT			Utensils and Equipment			~	
21						eggs used wheel from appro-						0	0	2	4	5 3	NA 11			profood-contact surfaces cleanable, prope , and used	fly designed,	0	0	1
30	_	0 001		ance	obta	ained for spe Food			ssing meth • Control			0	0	1	4	6 (o v	Varew	ashin	g facilities, installed, maintained, used, to	st strips	0	0	1
3		0			oolin	g methods u	sed; a	dequate	equipmen	t for temperal	ture	0	0	2	4	_	_	lonfoo	d-cor	ntact surfaces clean		0	0	1
3:	-	0	contr Plan		d pro	operly cooker	d for h	ot holdin	ng			0		1	4	_	UT O⊦	lot and	d cold	Physical Facilities I water available; adequate pressure		0		2
3	_		<u> </u>			wing method rs provided a						00	0	1	4		_			stalled; proper backflow devices I waste water properly disposed		00	0	2
		OUT			- No tool			dentific	ation			<u> </u>	-	_		_				es: properly constructed, supplied, cleane	d		ŏ	1
3	;	0	Food	d pro	perty	y labeled; orig	ginal o	ontainer	r; required	records availa	able	0	0	1	5		-	-		use properly disposed; facilities maintain	d	0	0	1
30	_	OUT	Inco	che a	na el cu	Preventio				tion		0	0	2	5	-+-				ilities installed, maintained, and clean entilation and lighting; designated areas u	so d	0 0	0	1
	-	-				nts, and anim						-	0	-	F	-	-	weque	ne ve		560	-	0	'
3	_	0				n prevented	auring	100d pri	eparation,	storage & dis	piay	0	0	1	5		UT		P. Contraction	Administrative items mit posted		0		
3	_	-				ntiness ; properly us	ied and	d stored				0	0			_	_			inspection posted		0	0	0
4	_	O OUT	Was	shing	fruit	s and vegeta Pro		se of L	tensils			0	0	1	F					Compliance Status Non-Smokers Protection	Act	YES	NO	WT
4		2				s; properly s	tored			and brands of		0	8		5					with TN Non-Smoker Protection Act oducts offered for sale		X	읭	
43	5	0	Sing	ile-us	se/si	ngle-service				ied, handled used		0	0	1	5	9				oducts offered for sale roducts are sold, NSPA survey completed	1	0		9
4						properly							0	_						Record delayers and a second statement				
servi		tablis	shmer	nt per	rmit.	Items identifie	ed as co	onstitutin	ig imminent	health hazards	s shall be	corre	cted is	mmedi	ately	or op	eration	ns shall	ceas	Repeated violation of an identical risk factor ie. You are required to post the food service files a writtee context with the Comprision	establishment permit	t in a c	onsp	icuous
repor	L T.	C.A.	sectio	ins 68	8-14-7	703, 68-14-706,	68-14-)	/08, 68-1/	4-709, 68-14	-711, 68-14-715,	68-14-716	, 4-5-	320.	. a nea	ung i	ogard	-ng m	is repo	n by I	filing a written request with the Commissioner	with an ten (10) days	OF UN	Gate	01095
Y	0		4	Y	Ý						02/09	9/2	023	3			\times	$\left(\right)$	['	5	()2/0	9/2	2023
Sigr	atur	re of	Pers	son l	n Cł	narge							0	Date	Sig	gnatu	ire of	Envir	onme	ental Health Specialist				Date

Signature	of	Person	In Charge	
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Date	Signat

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	r	٦		the state	
			a	ue:	

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

PH-2267 (Rev. 6-15)	Free food safety training cla		nth at the county health department.	RDA 629
(Net. 0-10)	Please call () 4232098110	to sign-up for a class.	nun des

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Brewhaus Establishment Number #: 605216210

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

Observed Violations	
iotal # 5	
Total # 5 Repeated # 0	
39:	
41:	
·1. IF.	
15:	
53:	
6:	
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Brewhaus

Establishment Number : 605216210

Comments/Other Observations		
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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: Brewhaus

Establishment Number: 605216210

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Brewhaus Establishment Number # 605216210

Sources		
Source Type:	Source:	
Additional Comments		

Additional Comments

Food is properly date marked today.