



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

95

Establishment Name Sonic #5363 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 3222 Cummings Hwy. ☐ Temporary ☐ Seasonal  
City Chattanooga Time in 09:45 AM AM / PM Time out 10:15 AM AM / PM  
Inspection Date 02/26/2024 Establishment # 605198823 Embargoed 0  
Purpose of Inspection ☐ Routine ☒ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 32

**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

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=In compliance OUT=not in compliance NA=not applicable NO=not observed COS=corrected on-site during inspection R=repeat (violation of the same code provision)					Compliance Status			COS R WT		
Supervision					Compliance Status			COS R WT		
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties					5
Employee Health					Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods					
2	IN	OUT	NA	NO	Management and food employee awareness, reporting					5
3	IN	OUT	NA	NO	Proper use of restriction and exclusion					
Good Hygienic Practices					Cooling and Holding, Date Marking, and Time as a Public Health Control					
4	IN	OUT	NA	NO	Proper eating, tasting, drinking, or tobacco use					5
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					Proper cooking time and temperatures					
6	IN	OUT	NA	NO	Hands clean and properly washed					5
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible					2
Approved Source					Proper reheating procedures for hot holding					
9	IN	OUT	NA	NO	Food obtained from approved source					5
10	IN	OUT	NA	NO	Food received at proper temperature					
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated					5
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction					
Protection from Contamination					Proper cooling time and temperature					
13	IN	OUT	NA	NO	Food separated and protected					4
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized					5
15	IN	OUT	NA	NO	Proper disposition of unsafe food, returned food not re-served					2
Consumer Advisory					Proper hot holding temperatures					
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food					4
Highly Susceptible Populations					Proper cold holding temperatures					
24	IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered					5
Chemicals					Proper date marking and disposition					
25	IN	OUT	NA	NO	Food additives: approved and properly used					5
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used					
Conformance with Approved Procedures					Time as a public health control: procedures and records					
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan					5

**Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.**

OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision)					Compliance Status			COS R WT		
Safe Food and Water					Compliance Status			COS R WT		
28	OUT				Pasteurized eggs used where required					1
29	OUT				Water and ice from approved source					2
30	OUT				Variance obtained for specialized processing methods					1
Food Temperature Control					Utensils and Equipment					
31	OUT				Proper cooling methods used; adequate equipment for temperature control					2
32	OUT				Plant food properly cooked for hot holding					1
33	OUT				Approved thawing methods used					1
34	OUT				Thermometers provided and accurate					1
Food Identification					Physical Facilities					
35	OUT				Food properly labeled; original container; required records available					1
Prevention of Food Contamination					Hot and cold water available; adequate pressure					
36	OUT				Insects, rodents, and animals not present					2
37	OUT				Contamination prevented during food preparation, storage & display					1
38	OUT				Personal cleanliness					1
39	OUT				Wiping cloths: properly used and stored					1
40	OUT				Washing fruits and vegetables					1
Proper Use of Utensils					Plumbing installed; proper backflow devices					
41	OUT				In-use utensils; properly stored					1
42	OUT				Utensils, equipment and linens; properly stored, dried, handled					1
43	OUT				Single-use/single-service articles; properly stored, used					1
44	OUT				Gloves used properly					1
Administrative Items					Sewage and waste water properly disposed					
55	OUT				Current permit posted					0
56	OUT				Most recent inspection posted					0
Non-Smokers Protection Act					Toilet facilities: properly constructed, supplied, cleaned					
57	OUT				Compliance with TN Non-Smoker Protection Act					0
58	OUT				Tobacco products offered for sale					0
59	OUT				If tobacco products are sold, NSPA survey completed					0

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge Antonio Lopez Date 02/26/2024 Signature of Environmental Health Specialist John P. Ellis Date 02/26/2024

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

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FOOD INSPECTION DATA**



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**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**

Description	Temperature ( Fahrenheit)

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)

**Observed Violations**

Total # 5

Repeated # 0

37:

42:

45:

52:

53:

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***Comments/Other Observations***

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\*\*\*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.***

\*\*\*See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

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<b>Sources</b>	
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
<b>Additional Comments</b>	
**Priority items #1,14 corrected. See original report dated 2/16/24.**	