TENNESSEE DEPARTMENT OF HEALTH PVICE ESTABLISHMENT INSPECTION REPOR

				FOOD SERV	ICE ESTA	BL	ISH	IME	INT	r IN	151	PEC	TIC		sco					
Establishment Name			Tropical Smoothie Cafe O Fermer's Market Food Unit							10										
Add	ress				2380 Lifestyle Way Ste 140 Type of Establishment O Temporary O Seasonal										/					
City					Chattanoog	a	Time in	10):2	0 A	M	41	1/P	м ти	na /u	и 10:40:АМ АМ/РМ				
					08/05/20	22 Establishment #					Emba	-			110 04	<u></u>				
		n Da						0		_					0	L			_	
			spect		篇Routine	O Follow-up	O Complaint			O Pro	Mimin	ary				nsuitation/Other			25	
Risk	Cat	egon R			X1	O2	O3 and employee	beha		04	at c		onh			up Required O Yes 🗮 No I to the Centers for Disease Cont	Number of S	eats	25	_
				as c	ontributing fac	tors in foodborne ill	ness outbreak	8. P	ublic	c He	lth	Inter	ven	tions	are	control measures to prevent illne	ess or injury.			
		(144	rk der	lanat	ed compliance stati											INTERVENTIONS ach liem as applicable. Deduct points for o	alecory or subcate	eerv.)		
IN	in co	mpīi				nce NA=not applicable	NO=not observe									pection R=repeat (violation of th		_		
-					Com	pliance Status		COS	R	WT			_	_	_	Compliance Status		cos	R	WT
H	_	OUT	NA	NO	Person in charne r	Supervision present, demonstrates k	nowledge and			_		IN	ουτ	NA	NO	Cooking and Reheating of Time/ Control For Safety (TCS)				
	鬣	0			performs duties	-	nomeuge, and	0	0	5		0	0			Proper cooking time and temperatures		8	<u> </u>	5
	X		NA	NO	Management and	Employee Health food employee awarene	ss; reporting	0			17					Proper reheating procedures for hot hold Ceeling and Holding, Date Marking		0	0	_
	×	0			Proper use of rest	riction and exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Contr				
	_	OUT O	NA			od Hygionic Practico ting, drinking, or tobacco		~			18 19	0	0	0		Proper cooling time and temperature Proper hot holding temperatures		0	8	
5	X	0		0	No discharge from	eyes, nose, and mouth		ŏ	0	5	20	25	0	0		Proper cold holding temperatures		0	0	
			NA		Prevent Hands clean and p	ing Contamination by	y Hands	0				*		_		Proper date marking and disposition			0	ľ
_		ŏ	0		No bare hand cont	tact with ready-to-eat foo	ods or approved	ō	ŏ	5	22		0	×		Time as a public health control: procedu	res and records	0	٥	
	X		-	-	alternate procedur Handwashing sink	es followed s properly supplied and	accessible	-	0	2	23	IN O	OUT	NA	NO	Consumer Advisory Consumer advisory provided for raw and	d undercooked		0	
IN OUT NA NO Approved Source 9 XX O Food obtained from approved source					23		OUT		NO	food Highly Susceptible Popula	tions	0	9	•						
10	0		0		Food received at p	proper temperature		0	0		24		001	22		Pasteurized foods used; prohibited foods		0	0	5
11	×	0			Food in good cond	ition, safe, and unadulte available: shell stock tag		0	0	5	24		_		_		s not offered	-	9	•
		0	×	0	destruction			0	0		~		OUT			Chemicals		0	~	
13		001	NA	NO	Food separated an	ction from Contamina nd protected	ation	0	ο	4		0 宸	8	X		Food additives: approved and properly u Toxic substances properly identified, sto		8	8	5
		0				oces: cleaned and saniti		0	0	5		IN	OUT	NA		Conformance with Approved P	rocedures		_	
15	8	٥			Proper disposition served	of unsafe food, returned	food not re-	0	0	2	27	0	0	8		Compliance with variance, specialized p HACCP plan	rocess, and	0	٥	5
				Goo	d Retail Practic	es are preventive r	neasures to co	ntro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical object	s into foods.			
						-		GOO	DR	ETAI	L PR	АСТ	ICE	8	_					
				00	T=not in compliance	pliance Status	COS=corre	cted o		during						R-repeat (violation of the sam Compliance Status		COS		WT
	-	OUT				Food and Water						0	UT			Utenslis and Equipment		000	~ 1	
2					d eggs used where lice from approved			8	8	1	4	5 (nfood-contact surfaces cleanable, proper and used	fy designed,	0	0	1
3	0	Õ			obtained for special	ized processing method	5	ŏ	0	1	4	5 6	-			g facilities, installed, maintained, used, te	st strips	0	0	1
	_	OUT	Prop	or cor		mperature Control t, adequate equipment for	or temperature				4		-			tact surfaces clean		0	0	1
3	1		contr		ang metroas asea	, and drawn a darburner of	a competensite	0	0	2		0	UT			Physical Facilities				
3	_				properly cooked fo thawing methods u			8	8	1	4	_				I water available; adequate pressure stalled; proper backflow devices		8	8	2
3	_				eters provided and			ŏ	ŏ	1	5	_	o s	Sewage	and	waste water properly disposed		ŏ	0	2
	_	OUT				didentification					5	_				es: properly constructed, supplied, cleane		0	0	1
3			Food	prop		al container; required rec		0	0	1	5			-		use properly disposed; facilities maintaine	id	0	0	1
3	_	OUT	Insec	ts m	dents, and animals	of Food Contaminatio	An .	0	0	2	5	_	-			lities installed, maintained, and clean intilation and lighting; designated areas up	sed	0	0	1
3	-	-				ing food preparation, sto	rage & display	0	0	1	F	+	UT			Administrative items		-	-	
3	_	-			leanliness	- Contraction of the second second	and a subset	0	0	1	5			Current	Decr	nit posted		0	0	-
3	9	Ó	Wipir	ng clo	ths; properly used			0	0	1			5 N	Aost re	cent	inspection posted		0	0	0
4	-	O OUT	Wasl	ning f	ruits and vegetable			0	0	1			_		_	Compliance Status		YES	NO	WT
4	_		In-us	e uter	Proper nsils; properly store	r Use of Utensils Id		0	0	1	5	7	- 0	Somplia	ince	Non-Smokers Protection / with TN Non-Smoker Protection Act	MI	01	N/I	-
4	2	0	Utens	sils, e	quipment and liner	ns; properly stored, dried		0	0	1	5	8	T	obacc	o pro	ducts offered for sale		00	Ô	0
4					single-service arti ed properly	cles; properly stored, us	ed		8		5	9	11	tobac	co pri	oducts are sold, NSPA survey completed	1	0	0	

sk factor items within ten (10) days may result in suspension of your food service establishme dentified as constituting imminent health hazards shall be corrected immediately or operations nit. Repeated violation of an identical risk factor may result in revocation of your food rase. You are required to post the food service establishment permit in a conspicuous by filing a written request with the Commissioner within ten (10) days of the date of this st recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this rep 8-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

P,

08/05/2022 Date Signature of Environmental Health Specialist 08/05/2022

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	D	at	e

Signature of Person In Charge

			-		
****	Additional food safety	information can be found on ou	r website, http://tn.g	ov/health/article/eh-foodservice **	***

PH-2267 (Rev. 6-15)	Free food safety training class	sses are available each mo	nth at the county health department.	RDA 629
(192201 (1987. 0-10)	Please call () 4232098110	to sign-up for a class.	101.025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: Tropical Smoothie Cafe Establishment Number # 605256690

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 wenty-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.	
Sarage 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.	
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	QA	200							
Sanitizer bucket	QA	200							

Equipment l'emperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Cut leafy greens	Cold Holding	40
Sliced turkey	Cold Holding	39
Sliced tomatoes	Cold Holding	40
Black beans	Cold Holding	39
Rice	Cold Holding	39
Cut melon	Cold Holding	40

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Tropical Smoothie Cafe

Establishment Number : 605256690

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 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: Food obtained from approved source.
- 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: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: Proper cold holding temperatures observed.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 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.

Establishment Infor	rmation
Establishment Name:	Tropical Smoothie Cafe
Establishment Number	605256690

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Tropical Smoothie Cafe Establishment Number #: 605256690

Sources				
Source Type:	Water	Source:	Public	
Source Type:	Food	Source:	Sysco	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments