

City

### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Maggie Moo's Remanent O Mobile Establishment Name Type of Establishment 155 Legends Dr., STE E O Temporary O Seasonal Address

Lebanon Time in 02:20 PM AM / PM Time out 02:30; PM

05/05/2021 Establishment # 605305654 Embargoed 0 Inspection Date

∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

Number of Seats 16 Risk Category О3 04 Follow-up Required O Yes 疑 No

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

s (IH, OUT, HA, HO) for ea

IIN	<b>e</b> in c	compli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		CC	S=cor	recte	d on-si	te duri	ing ins	spection
					Compliance Status	cos	R	WT						
	IN	оит	NA	NO	Supervision					IN	оит	NA	NO	Cool
1	0	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	0	0	Proper
_	IN	ОИТ	NA	NO	Employee Health		-		17	ŏ	ŏ	ŏ	ŏ	Proper
2	0	0	101		Management and food employee awareness, reporting	0	0	$\overline{}$	H	Ŭ	Ŭ	Ť	Ŭ	Coolin
3	0	0			Proper use of restriction and exclusion	0	0	5		IN	OUT	NA	NO	Coom
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	0	0	Proper
4	0	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19	0	0	0	0	Proper
5	0	0		0	No discharge from eyes, nose, and mouth	0	0	l ° l	20	0	0	0		Proper
	IN	OUT	NA	100.00	Proventing Contamination by Hands				21	0	0	0	0	Proper
6	0	0		0	Hands clean and properly washed	0	0		22	0	0	0	0	Time as
7	0	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5		_	_	_	_	11176 0
			_	_	alternate procedures followed	_	_	L.		IN	OUT	NA	NO	
8	O	O	NA	NO	Handwashing sinks properly supplied and accessible  Approved Source	0	0	2	23	0	0	0		Consur food
9	0	0	NA	NO		0	0	-	ш	IN	ОИТ	NA	NO	100G
30	_	_	_	0	Food obtained from approved source	8	ŏ	1	Н	IIN	001	TRA	NO.	
10	0	8	0		Food received at proper temperature	8	8	5	24	0	0	0		Pasteur
"	-	-			Food in good condition, safe, and unadulterated Required records available: shell stock tags, parasite	<del>-</del>	-	*	ш					_
12	0	0	0	0	destruction	0	0			IN	ОUТ	NA	NO	
	IN	OUT	NA	NO	Protection from Contamination				25		0	0		Food a
13	0	0	0		Food separated and protected	0	0	4	26	0	0			Toxic s
14	0	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	C
15	0	0			Proper disposition of unsafe food, returned food not re-	0	0	2	27	0	0	0		Compli
	_	-			served	1	J .	<b>^</b>	12"	_	-	_		HACCE

					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	0	Proper reheating procedures for hot holding	0	0	9
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	0	Proper cooling time and temperature	0	0	
19	0	0	0	0	Proper hot holding temperatures	0	0	
20	0	0	0		Proper cold holding temperatures	0	0	5
21	0	0	0	0	Proper date marking and disposition	0	0	•
22	0	0	0	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	0		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	0		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	0		Food additives: approved and properly used	0	0	5
26	0	0			Toxic substances properly identified, stored, used	0	0	3
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	0		Compliance with variance, specialized process, and HACCP plan	0	0	5

#### trol the introduction of pathoge ns, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=con			
	Lave	Compliance Status	cos	ĸ	W
	OUT	Caro i con amo i i mori	-		_
28	0	Pasteurized eggs used where required	0	0	1
29	0		0	0	-
30	0	Variance obtained for specialized processing methods	0	0	1
	OUT	Food Temperature Control		_	
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	2
32	0	Plant food properly cooked for hot holding	0	0	1
33	0	Approved thawing methods used	0	0	,
34	0	Thermometers provided and accurate	0	0	Ī
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	,
	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	1
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	'
	OUT	Proper Use of Utensils			
41	120	In-use utensils; properly stored	0	0	Γ.
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	,
43	100	Single-use/single-service articles; properly stored, used	0	0	r
44		Gloves used properly	0	0	

pecti	on	R-repeat (violation of the same code provision)		_	_
		Compliance Status	COS	R	8
	OUT	Utensiis and Equipment			
45	0	Food and nonfood-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	-:
49	黨	Plumbing installed; proper backflow devices	0	0	-:
50	0	Sewage and waste water properly disposed	0	0	- :
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	١.
53	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items			
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	'
		Compliance Status	YES	NO	V
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 100	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	$\Box$

In

You have the right to request n (10) days of the date of the

> 05/05/2021 Date Signature of Environmental Health Specialist

05/05/2021

Date

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

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629 ) 6154445325 Please call ( to sign-up for a class.

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



Establishment Information									
Establishment Name: Maggie Moo's									
Establishment Number #:  605305654									
NSPA Survey - To be completed if									
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.	rict access to its buildings o	or facilities at all times to	persons who are						
Age-restricted venue does not require each per	son attempting to gain entr	y to submit acceptable for	orm of identification.						
"No Smoking" signs or the international "Non-Si	moking" symbol are not con	spicuously posted at ev	ery entrance.						
Garage type doors in non-enclosed areas are n	ot completely open.								
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.									
Tents or awnings with removable sides or vents	s in non-enclosed areas are	not completely remove	a or open.						
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is	prohibited.							
	the the test								
Smoking observed where smoking is prohibited	by the Act.								
Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	renhelt)					
Fi									
Equipment Temperature									
Description			Temperature ( Fahi	renneit)					
Food Temperature									
Food Temperature		State of Food	Temperature (Fahi	renheit)					
Food Temperature Description		State of Food	Temperature ( Fah	renhelt)					
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		State of Food	Temperature ( Fahi	renhelt)					
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3:	
9:	

<sup>&</sup>quot;"See page at the end of this document for any violations that could not be displayed in this space.

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

Establishment Information

Establishment Name: Maggie Moo's



Establishment Number: 605305654					
Comments/Other Observations					
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.

stablishment Name: Maggie Moo's stablishment Number: 605305654	Establishment Information	
Comments/Other Observations (cont'd)  Idditional Comments (cont'd)	Establishment Name: Maggie Moo's	
additional Comments (cont'd)	Establishment Number: 605305654	
additional Comments (cont'd)		
additional Comments (cont'd)	Comments/Other Observations (cont'd)	
	Additional Comments (contid)	
See last page for additional comments.		
	See last page for additional comments.	

Establishment Information	
Establishment Name: Maggie Moo's	
Establishment Number # 605305654	
Sources	
Source Type:	Source:
Additional Comments	