TENNESSEE DEPARTMENT OF HEALTH

| | | | FOOD SERVICE ESTABLISHMENT INSPECTION REPORT | | | | | | | | ON REPORT | SCO | RE | | | | | | | |
|---|--|---|--|---|-------------------------------------|------------------------------------|---------------------------|---------|--------|--------|-----------|--------------------------|--|--------------|------------|--|------------------|----------|----------|--------|
| Risk Category Risk Category Risk Category Risk Category Risk Category IN-in compliance IN-in compliance IN-in compliance IN-in compliance IN OUT NA P IN OUT NA P <th colspan="2" in<="" td=""><td></td><td>Roma Pizz</td><td>a</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Farmer's Market Food Unit Permanent O Mobile</td><td>7</td><td></td><td>7</td><td></td></th> | | <td></td> <td>Roma Pizz</td> <td>a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Farmer's Market Food Unit Permanent O Mobile</td> <td>7</td> <td></td> <td>7</td> <td></td> | | | Roma Pizz | a | | | | | | | | | | Farmer's Market Food Unit Permanent O Mobile | 7 | | 7 | |
| | 1621 Middle Tennessee Dlvd | | | | | | | | | | | | | | | | | | | |
| Establishment Name Address City Inspection Date Purpose of Inspection Risk Category Risk Category Risk Category INPin compliance INPin compliance INPin OUT IN IN I | | Murfreesbo | | | 0 | 2.3 | | | | | | | o Temporary O Seasonal ut 06:30; PM AM / PM | | | | | | | |
| City | | | | | | | | | | | | | | | me o | ut 00:30; PIVI AM/PM | | | | |
| Insp | apection Date 05/18/2022 Establishment # 605227580 Embargoed 0 | | | | | | | | | | | | | | | | | | | |
| Ρυη | pose | of In | spect | ion | Routine | O Follow-up | O Complaint | | | O Pr | elimin | ary | | c | Cor | nsultation/Other | | | | |
| | | | | | | | O 4 | | | | | | | lumber of Se | | 72 | | | | |
| | | R | | | | | | | | | | | | | | to the Centers for Disease Control an control measures to prevent illness or | | ion | | |
| | | | | | | | BORNE ILLNESS RI | | | | | | | | | | | | | |
| IN | uin cr | | | | | ance NA=not appli | | | ltoma | | | | | | | ach Item as applicable. Deduct points for category pection Rerepeat (violation of the same of | | | | |
| | | A repo | ance | | | npliance Status | | | R | | Ĩ | 10040 | | | - 19 - 110 | Compliance Status | | | R | WT |
| | _ | | NA | NO | Decession in the second | Supervision | | | | | | IN | OUT | NA | NO | Cooking and Reheating of Time/Tempe Control For Safety (TCS) Foods | rature | | | |
| 1 | | - | | | Person in charge performs duties | | ates knowledge, and | 0 | 0 | 5 | | 0 | | | | Proper cooking time and temperatures | | 8 | 0 | 5 |
| 2 | | | NA | | Management and | Employee Her d food employee aw | | 0 | ТОТ | _ | 17 | 0 | 0 | 0 | 25 | Proper reheating procedures for hot holding Cooling and Holding, Date Marking, and | | 0 | 0 | |
| | | | 1 | | | striction and exclusi | | 0 | 0 | 5 | | IN | OUT | NA | NO | a Public Health Control | | | | |
| | _ | | NA | | | | | | | | | _ | | | | | | 2 | 읽 | |
| | | | | | | | | 8 | 8 | 5 | | | 0 | 0 | | Proper cold holding temperatures | | 0 | 0 | |
| | | | NA | | | | ion by Hands | | | | | | 0 | 0 | 12 | Proper date marking and disposition | | _ | | ° |
| _ | _ | _ | 0 | _ | | | eat foods or approved | _ | _ | 5 | 22 | - | 0 | X | | | records | 0 | 0 | |
| | | | | • | | | d and accessible | | | 2 | | | _ | _ | NO | Consumer Advisory Consumer advisory provided for raw and upder | besicon | - | - | _ |
| | IN | OUT | | | | Approved Sou | rce | | | | 23 | | - | | | food | | <u> </u> | 의 | 4 |
| | | | 0 | | | | | | | | | _ | | | NO | | | - 1 | - | _ |
| 11 | × | ŏ | | | Food in good cor | ndition, safe, and un | adulterated | ŏ | ŏ | 5 | 24 | 0 | 0 | 80 | | Pasteurized foods used; prohibited foods not off | fered | 0 | <u> </u> | 5 |
| 12 | | | | 0 | Required records destruction | s available: shell sto | ck tags, parasite | 0 | 0 | | | IN | | | | Chemicals | | | | |
| 13 | | | | | | | amination | 0 | | 4 | 25 | 0 | 0 | X | J | | | 읭 | 읭 | 5 |
| | | | | | | | sanitized | ŏ | ŏ | 5 | | IN | _ | | NO | | | <u> </u> | <u> </u> | |
| 15 | 2 | 0 | | | Proper dispositio served | n of unsafe food, re | turned food not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized process, HACCP plan | and | 0 | 0 | 5 |
| | _ | _ | | Goo | d Retail Pract | ices are preven | tive measures to co | ontro | l the | intr | oduc | tion | of | atho | gens | , chemicals, and physical objects into | foods. | _ | _ | |
| | | | | _ | | | | | | | | | - | _ | | | | | | |
| | | | | 00 | | | COS=corre | icted o | n-site | during | | | | | | | | seel | | 14/7 |
| | | OUT | | | | | , | 008 | R | WI | | 0 | UT | | | Utensils and Equipment | | cos | ĸ | WI |
| | | | | | | | | 8 | 8 | 1 | 4 | 5 (| | | | | gned, | 0 | 0 | 1 |
| _ | 0 | Õ | Varia | | btained for specia | alized processing m | | ő | ŏ | 1 | 4 | 6 | - | | | | | 0 | 0 | 1 |
| | | | _ | or cor | | | | | | | | | | | | - | | _ | _ | |
| 3 | 1 | - | contr | ol | | | and the semiperorute | | 1 1 | | | 0 | TUC | | | Physical Facilities | | | | |
| - | _ | | | | | | | | | | | | | | | | | | | 2 |
| | 4 | | <u> </u> | | | | | ŏ | ŏ | | | _ | _ | | | | | 0 | 0 | 2 |
| | | OUT | | | Fee | d identification | | | | | | _ | 0 T | oilet fa | acilitie | es: properly constructed, supplied, cleaned | | _ | | 1 |
| 3 | 5 | 0 | Food | prop | | | | 0 | 0 | 1 | | | - | - | · | | | | | 1 |
| | _ | OUT | | | | | ination | | | | | -+- | | | | | | _ | _ | _ |
| | 6 | 篇 | | | - | | | - | + + | - | 5 | + | - | vaequa | ste ve | | | 0 | 0 | 1 |
| 3 | _ | 0 | | | | uring food preparati | on, storage & display | 0 | | 1 | | OUT Administrative Items | | | ÷., | F 1 | | | | |
| | 8 9 | | | | | d and stored | | | | | | | | | - | | | 읭 | 읭 | 0 |
| _ | 0 | 0 | Was | | uits and vegetabl | les | | | | | Ĕ | - I ' | - Ia | | | Compliance Status | | | | WT |
| 4 | _ | OUT | | e uter | | | | 0 | | - | 6 | , | - | Comol | 2000 | Non-Smokers Protection Act with TN Non-Smoker Protection Act | | YCI | 01 | |
| - 4 | 2 | 0 | Uten | sils, e | quipment and line | ens; properly stored | | 0 | 0 | 1 | 53 | 8 | T | obacc | o pro | ducts offered for sale | | X | ŏ | 0 |
| _ | 3 4 | | | | | ticles; properly stor | ed, used | 8 | 8 | 1 | 53 | 9 | H. | tobac | co pr | oducts are sold, NSPA survey completed | | 0 | 0 | |
| | | | - | | | items within ten (4%) | days may result in surrow | | | | service | | ablish- | nent o | ermit | Repeated violation of an identical risk factor may re- | sult in resource | tion o | d yes | r food |
| | | | | O Program < | | | | | | | | | | | | | | | | |

sections 68-14-703, 68-14-705, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. t with the Commissio er within ten (10) days of the date of this n. T.C.A

| CV 2001 | |
|-------------------------------|--|
| Signature of Person In Charge | |

| 05/18/2022 | 15 | (Kan is |
|------------|----------------|--------------------------------|
| Date | Signature of E | nvitonmental Health Specialist |

05/18/2022

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

Free food safety training classes are available each month at the county health department. Please call () 6158987889 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Roma Pizza Establishment Number #: 605227580

| 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. | Yes |
| Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification. | Yes |
| "No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance. | Yes |
| Garage type doors in non-enclosed areas are not completely open. | Yes |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | Yes |
| Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | Yes |
| Smoking observed where smoking is prohibited by the Act. | Yes |
| | |

| Warewashing Info | | | | | | | | |
|--|----------------|-----|--------------------------|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | |
| Dish machine 3 comp sink not set up | CI CI | 0 | | | | | | |

| Equipment Temperature | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | | |
| | | | | | | | |
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| Food Temperature | | |
|---------------------------------|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit |
| Chicken wings ric | Cold Holding | 40 |
| Diced tomato make line cooler | Cold Holding | 39 |
| Sausage crumbs make line cooler | Cold Holding | 38 |
| Ham bits make line cooler | Cold Holding | 39 |
| Pre cooked chicken wic | Cold Holding | 38 |
| Mozzarella cheese wic | Cold Holding | 38 |
| | | |
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| | | |

Observed Violations

Total # 9

Repeated # 0

8: No running water in back hand sink. Rags and untinsel was stored in it. Papers were stored in front hand sink. A warning letter will be requested due to this repeat violation. A risk control plan will be discussed.

13: Food product stored on the ground in wic.

14: Dishwasher not reading any cl. Pic will use 3 comp sink to wash, rinse, and sanitize.

26: Chemical spray bottle of clear liquid not labeled.

33: Frozen chicken sitting out unattended. Discussed with pic proper thawing methods.

36: Observed knats flying around ware washing area.

47: Outside of mixer is excessively diry. Make line cooler has excessive buildup.

48: No running water at back hand sink.

53: Floors are in poor repair.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Roma Pizza

Establishment Number : 605227580

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.

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: Employees stayed on task.

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

9: See food 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.

15: (IN) No unsafe, returned or previously served food served.

- 16: (NO) No raw animal foods cooked during inspection.
- 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: See food temps.

21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.

***See page at the end of this document for any violations that could not be displayed in this space.

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

See last page for additional comments.

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.

27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes. 57:

1:

2:

3:

4: 5:

6:

7: 58:

4: 5:

Additional Comments

2: 3:

Establishment Information

Establishment Name: Roma Pizza

Establishment Number: 605227580

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Roma Pizza

Establishment Number # 605227580

| Sources | | | | |
|--------------|-------|---------|-------------------|--|
| Source Type: | Food | Source: | Performance | |
| Source Type: | Water | Source: | Murfreesboro city | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| | | | | |

Additional Comments

Shorokalsaad@gmail.com

I will be back for a follow- up inspection within 10 days to verify all priority item violations have been corrected. Discussed proper hand washing, ware washing, food source, food storage, holding and cook temps, cooling when applicable, employee hygiene, employee health, demonstration of knowledge, and storage and use of toxic items. Food Establishment Regulations can be found at

https://publications.tnsosfiles.com/rules/1200/1200-23/1200-23-01.20150716.pdf. Please be sure you and all food handling employees are familiar with these regulations. Guidance/Educational documents can be found at https://www.tn.gov/health/health-program-areas/eh/eh-foodlaw.html. These are an excellent resource to help reduce the risk of a food borne illness. If you have any questions please do not hesitate to contact me. Provided applicable fact sheet to operator regarding observed Priority Items.

Discussed implementing a Risk Control Plan (RCP) in order to obtain active managerial control over repeated Priority Items. Advised operator I was available to asist with developing the RCP.