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

Contraction of the second						FOOD SER	VICE ESTA	BL	ISH	M	ENT	T IN	S	PEC	TI	ON REPO	RT	sco	RE		
Esta	رينه» bist	men	t Nar	me	Roma Pizza								1								
	ress				1621 Midd	le Tennessee I	Blvd.					Тур	e of	Establi	shme	ent					
City					Murfreesbo	oro	Time in	04	1:1	0 F	M	A	M/P	M Ti	ne o	-	F				
		n Da	rte		04/19/20	021 Establishment	Type of Establishment If Permanent O Mobile   a Bird. 0 remporary 0 Seasonal   Trme in Q4:10 PM AM / PM Time out Q4:55 PM AM / PM   eff is 055227580 Embargoed 0 M/ PM Time out Q4:55 PM AM / PM   eff is 055227580 Embargoed 0 M/ PM Time out Q4:55 PM AM / PM   eff is 055227580 Embargoed 0 Number of Seats 72   Ges and omployse behaviors most commonly reported to the Cesters for Disease Costrol and Preventions Costrol and omployse behaviors most commonly reported to the Cester for Disease Costrol and Preventions   Bit the theoretic first Cester of the Cester for Disease Costrol and Preventions Costrol and omployse behaviors most commonly reported to the Cester for Disease Costrol and Preventions   Bit theoretic first Cester of the Cester of Disease Costrol and Preventions Costrol and omployse behaviors most commonly reported to the Cester of														
		of In		tion	ORoutine	O Follow-up			,	-					Cor	nsuitation/Other					
Risk	Cat	egor	,		<b>O</b> 1	882	03			<b>O</b> 4				Fo	ilow-	up Required	蹴 Yes O No	Number of S	ieats	72	
		R	isk	as o	ors are food p contributing fa	reparation practice ctors in foodborne	s and employee illness outbreak	beha s. P	viori ublic	s mo : He	at co aith i	əmm inter	onl; ven	y repo	are	to the Cente control measu	rs for Disease Con ares to prevent illn	trol and Preven	tion		
						FOODBO	RNE ILLNESS RJ	SK F	ACTO	ors	AND	PU	BLIC	HEA	LTH	INTERVENTION	ONS				
IN	⊧in c	ompli		and the	OUT=not in compl	iance NA=not applicabl		ed		cc										,	
	IN	our	NA	NO	Co	mpliance Status Supervision		cos	R	WT								Temperature	COS	R	WT
1		0	-	140	Person in charge	e present, demonstrates	s knowledge, and	0								Cont	rol For Safety (TCS)			-	
	IN	OUT	NA	NO	performs duties	Employee Health				-								lding	0	0	5
	X X	0				d food employee aware striction and exclusion	ness; reporting		-	5		IN	ουτ	NA	NO						
		OUT	NA	NO		lood Hygienic Practi						_				Proper cooling ti	me and temperature		0	0	_
4 5	邕	0			No discharge fro	isting, drinking, or tobac m eyes, nose, and mou	ιth		0	5	20	0	0	0	0				0	0	5
6	IN O	001	NA	NO O		ting Contamination properly washed	by Hands	0	o												Ť
7	×	0	0	0		intact with ready-to-eat	foods or approved	_	-	5	22		-		-	Time as a public			0	0	
		0	NA	NO	Handwashing sir	nks properly supplied an		0	0	2	23		_	_	110				0	0	4
9	嵐	0			Food obtained fr	Approved Source om approved source						IN	OUT		NO		y Susceptible Popul	iations			
10 11	0 )::::::::::::::::::::::::::::::::::::	00	0			t proper temperature ndition, safe, and unadu	Iterated			5	24	0	0	X		Pasteurized food	is used; prohibited food	is not offered	0	0	5
	0	0	X	0		s available: shell stock t						IN	ουτ	NA	NO		Chemicals				
		OUT O		NO		ection from Contam	ination				25	0	<u>o</u>	X							5
	ŏ		ő	1	Food-contact su	faces: cleaned and san		_							NO	Conforma	nce with Approved	Procedures			
15	舃	0			Proper disposito served	on of unsafe food, return	ed food not re-	0	0	2	27	0	0	黨			vanance, specialized	process, and	0	0	5
				Go	d Retail Pract	lices are preventive	e measures to co	ontro	l the	intr	oduc	tion	of	atho	gens	, chemicals, a	and physical object	ts into foods.			
													īCE	8		_					
				0		mpliance Status	COS=com				inspe	ction				Comp	liance Status	me code provision)	COS	R	WT
2	_	OUT	Past	leuriz	Safe ed eggs used whe	e Food and Water		0	ο	1		_	- 12	ood ar	nd no			erly designed.	-		
2	_	0	Wate	er an	lice from approve		ods	0	0	2	$\vdash$	+	<u> </u>	constru	cted,	and used					1
_	-	OUT			Food T	emperature Control							_			-		est strips	-	-	1
3	1	0	Prop cont		oiing methods us	ed; adequate equipmen	t for temperature	0	<b>0</b>	2	43	_		vontoo	d-cor				0	0	1
3	_				properly cooked thawing methods					_		_									2
3	_		<u> </u>		eters provided an			_				_	_								2
		OUT			Fo	od identification						_	<u>0</u> 1	Toilet fa	cilitie	es: properly const	ructed, supplied, clean	ed	0		1
3	-		Food	d proj		nal container; required r		0	0	1			-	-			-	ed			1
3	_	OUT	Inse	cts n	Prevention dents, and animation	of Food Contamina	tion	0	0	2		-+						sed			1
3	-	0			-		storane & disnlav	-	$\mapsto$	_	F	+	-		10 10				-		
3	_	-			cleanliness	and roos preparation,	annage a anapray	0	0	-	54			Durrient	pern				0	0	
3	9	Ó	Wipi	ng ci	oths; properly use			0	0	1	56		ō k	Most re	cent	inspection posted			0	0	0
4	-	O OUT	Was	hing	ruits and vegetab	ies or Use of Utensils		0	0	1	H	_	_		_		liance Status Smokers Protection	Act	YES	NO	WT
4	1	0			nsils; properly sto	red			0		57					with TN Non-Sm	oker Protection Act		0	0	
4	3	0	Sing	le-us	e/single-service a	ens; properly stored, dri rticles; properly stored,	ed, handled used		0	1	58 58	5				ducts offered for oducts are sold, f	sale NSPA survey complete	d	00	00	0
4	-				ed properly				0	_											
servi	ce es	stablin	hmer	nt per	nit. Items identified	items within ten (10) days as constituting imminent	health hazards shall b	e corre	cted is	mmed	iately o	or ope	matio	ns shall	ceas	e. You are required	to post the food service	establishment permi	t in a c	onsp	icuous
						eport in a conspicuous ma 8-14-708, 68-14-709, 68-14-				t a he	aring n	egard	ing th	vis repo	nt by f	fling a written requ	est with the Commissione	er within ten (10) days	of the	date	of this
	$\sigma$	_	-	$\geq$									Λ			· tor					

Signature of Person In Charge

04/19/2021

Winto ' ) Date Signature of Environmental Health Specialist

04/19/2021

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

ler.	PH-2267 (Rev. 6-15)	Free food safety training clas	RDA 629		
	PTP2201 (Nev. 0-10)	Please call (	) 6158987889	to sign-up for a class.	NDA 025

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



#### Establishment Information

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 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.	
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)					
AutoChlor single rack machine 3 comp sink- not in use -	Chlorine Chlorine	100						

Equipment l'emperature	
Description	Temperature (Fahrenheit)
Freezer	8

Food Temperature				
Description	State of Food	Temperature (Fahrenheit		
Diced tomatoes ric	Cold Holding	38		
Sausage in ric	Cold Holding	38		
Sliced ham ric	Cold Holding	39		
Pepperoni ric	Cold Holding	41		
Turkey breast in ric	Cold Holding	39		
Raw shrimp in freezer	Cold Holding	10		

#### Observed Violations

Total # 2

Repeated # ()

47: The outside of the dishmachine is very dirty. The outside of the trash cans are very dirty.

53: The walls and floors are very dirty. There is grese on build upmon the side of the deep fryer.

### 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.

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

9: See source information.

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: There are no raw animal foods at the establishment.

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

16: There are no raw animal foods at

17: (NA) No TCS foods reheated for hot holding.

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.

\*\*\*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.

# 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:	Water	Source:	City of Murfreesboro
Source Type:	Food	Source:	Prestos
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

#### Additional Comments

This inspection was done in response to a complaint that was received that stated the following items were observed: Grease caked on the walls and floors Employee eating in kitchen while working Front and back doors propped open Cats in the kitchen Employee smoking in the kitchen Trash cans are very dirty

I observed the first and last items during this insepction. I saw no evidence of the other items that were noted.