TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

W A Wright Elementary Cafeteria						O Farmer's Market Food Unit						1 (ſ	٦						
Establishment Name			t Nar							Type of Establishment O Fermer's Market Food Unit O Mobile											
Address					12635 Lebanon Rd. O Temporary O Seasonal																
):0			-			me or	ut <u>10:42</u> ; <u>AM</u> AM/PM								
Inspection Date 02/10/2022 Establishment # 605065220							0		-	Emba	irgoe	d 0			[
Purpose of Inspection Routine O Follow-up O Complaint									O Pr	elimin	ary		C	Cor	nsuitation/Other						
Risk (Cat				O 1	3 62	O 3			O 4	_					up Required 🛛 Yes 🗮 No	Number of Se	eats	50		
	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.																				
				-1			E ILLNESS RI	SK F	CT	ors	AND	PU	BLIC	HEA	LTH	INTERVENTIONS					
(Unit designated compliance status (IX, OUT, XA, NO) for each numbered item. Fo IN=in compliance OUT=not in compliance NA=not applicable NO=not observed								N dah							spection R=repeat (violation of the						
-		0107			Compliance Status			cos	R	WT		Compliance Status							COS R V		
\rightarrow	-	OUT	NA	NO	Supervision Person in charge present, demonstrates knowledge, and							IN	ουτ	NA	NO	Control For Safety (TCS)					
		O OUT	NA	NO	performs duties	Employee Health		0	0	5	16 17	00	00	8	Š	Proper cooking time and temperatures Proper reheating procedures for hot hold	ng	0	8	5	
21	Kļ	0			Management and fo	od employee awarenes:	s; reporting		0	5	-	IN OUT NA NO Cooling and Holding, Date Marking, and Time									
	~	0	NA	NO	Proper use of restric	tion and exclusion d Hygienic Practices		0	0	-	18	0	0	0		a Public Health Contro Proper cooling time and temperature	k	0			
42	K	0	100	0	Proper eating, tastin	g. drinking, or tobacco u		0	0	5	19	家	0	0		Proper hot holding temperatures		0	0		
	N	OUT	NA	NO	Preventin	yes, nose, and mouth g Contamination by	Hands	0	0			100	00	8	0	Proper cold holding temperatures Proper date marking and disposition		8	8	5	
-	K K	0	0	0	Hands clean and pro No bare hand contain	operly washed ct with ready-to-eat food	is or approved	0	0 0	5	22	0	0	0	黨	Time as a public health control: procedur	es and records	0	٥		
8 8			0	0	alternate procedures Handwashing sinks	s followed properly supplied and a	coessible		0	2		IN	OUT	_	NO	Consumer Advisory Consumer advisory provided for raw and	undercooked		_		
1	N (our O	NA	NO		Approved Source			0		23	O IN	O OUT	NA	NO	food Highly Susceptible Popula		0	0	4	
10 (5	0	0	2	Food received at pro	oper temperature		0	0	5	24	_	0	88		Pasteurized foods used; prohibited foods		0	0	5	
11 3 12 (_	0	x	0	Required records av	ion, safe, and unadultera ailable: shell stock tags		0	0 0	ľ	H	IN	OUT	-	NO	Chemicals					
h	N	OUT	NA	NO		ion from Contaminat	tion				25	0		X		Food additives: approved and properly u	sed	0	0	5	
13 3 14 3		0			Food separated and Food-contact surfac	I protected es: cleaned and sanitize	d		0		26	<u>宗</u> IN	O OUT	NA	NO	Toxic substances properly identified, stor Conformance with Approved P		0	0	÷	
15 8	_	0				f unsafe food, returned f	ood not re-	0	0	2	27	0	0	×		Compliance with variance, specialized pr	ocess, and	0	0	5	
	Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.																				
				GOO	A Retail Practice	is are preventive m		GOO							gena	s, chemicals, and physical object	into toods.				
				OU	T=not in compliance		COS=corre	cted o	n-site	during				•		R-repeat (violation of the sam			-	11/2	
		OUT			Safe Fe	iance Status ood and Water		COS				0	UT			Compliance Status Utensils and Equipment		cos	R	WT	
28					ed eggs used where r fice from approved s			8	0	1							y designed,	0	0	1	
30		O OUT	Vari	ance		ed processing methods perature Control		0	0	1	4	6 (o v	Varew	ashin	g facilities, installed, maintained, used, te	st strips	0	0	1	
31	T	0				adequate equipment for	temperature	0	0	2	4	_	_	lonfoo	d-cor	ntact surfaces clean		0	0	1	
32	_			t food	properly cooked for				0	1	4	8 (Physical Facilities I water available; adequate pressure		0		2	
33	_		<u> </u>		thawing methods use eters provided and ac			0	0	1	49	_	_			stalled; proper backflow devices I waste water properly disposed		0	8	2	
	4	OUT			Food	identification					5	1	οT	oilet fa	cilitie	es: properly constructed, supplied, cleaned		0	0	1	
35	_		Foo	1 prop		container; required reco		0	0	1	5		-	-		use properly disposed; facilities maintaine	d	0	0	1	
36	-	OUT O	Inse	cts, ro	dents, and animals n	Food Contamination ot present		0	0	2	5	_	-			lities installed, maintained, and clean intilation and lighting; designated areas us	ed	0	0	1	
37	┥	0	Cont	amin	ation prevented durin	g food preparation, store	ace & disclay	0	0	1		0	UT			Administrative Items		-	-		
38	+				cleanliness	a roos proportional, orong	ge a aispia)	0	0	1	5	-		Jurrient	pern	nit posted		0	0	-	
39 40	_			_	oths; properly used an ruits and vegetables	nd stored		0	0	1	54	6 (inspection posted Compliance Status		O YES	0	0	
	ł	OUT			Proper	Use of Utensils						I				Non-Smokers Protection	let				
41 42					nsils; properly stored equipment and linens;	properly stored, dried,	handled		0	1	5	8				with TN Non-Smoker Protection Act ducts offered for sale			0	0	
43 O Single-use/single-service articles; properly stored, used O O 1 44 O Gloves used properly O O 1									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 (8-14-7) (8-14-7) (8-14-70), (8-14-7) (
	→ →					-196, 68-14-709, 68-14-711,				`		~	L	4	14	the	~	014	0/0	000	
Sign	ater	_	_)	Charge		02/1	10/2	-	2 Date	7	Δ				ental Health Specialist	0	2/1		022 Date	
Signa	nul	e or	refs	wn m		Additional food cafety	information can	befe								ental Health Specialist ealth/article/eh-foodservice ****				0408	
PH-22	67 ((Rev.	6-15	,		Free food safety to	raining classes		ava	ilable	eac	h m				inty health department.			RD	A 629	
						Diagra	call /	16	16/		ຸງງ	_		to pie	ALC: 1	n for a class					

267 (Rev. 6-15)	Free food safety training cla	RDA 6		
267 (Nev. 6-10)	Please call () 6154445325	to sign-up for a class.	hD4 o

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: W A Wright Elementary Cafeteria Establishment Number #: 605065220

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
Bucket Dish machine	QA Heat	200	178					

Equipment l'emperature							
Description	Temperature (Fahrenheit)						
Wic	37						
Wif	-3						
Ric	40						

Food Temperature		
Decoription	State of Food	Temperature (Fahrenheit)
Chicken patty	Hot Holding	148
Tater tots	Hot Holding	138
Pinto beans	Hot Holding	146
Sliced ham	Cold Holding	40
Milk	Cold Holding	40

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Establishment Name: W A Wright Elementary Cafeteria

Establishment Number : 605065220

Comments/Other Observations

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

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: Employee washed hands when changing gloves

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: See source info

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: (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: See food temps

20: See food temps

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.

22: (NO) Time as a public health control is not being used during the inspection.

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 Information

Establishment Name: W A Wright Elementary Cafeteria Establishment Number : 605065220

Comments/Other Observations (cont'd)

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

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Sources							
Source Type:	Water	Source:	City				
Source Type:	Food	Source:	IWC, Purity, TnT Produce				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					

Additional Comments