

Address

Risk Category

PH-2267 (Rev. 6-15)

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Sara's Kitchen Permanent O Mobile Establishment Name Type of Establishment 6850 Eastgate Blvd O Temporary O Seasonal Lebanon Time in 11:41; AM AM / PM Time out 12:15; PM AM / PM

03/29/2021 Establishment # 605263435 Embargoed 0 Inspection Date

∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other О3

Number of Seats 150 ase Control and Prevention

Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTION

(Mark designated compliance status (IK, OUT, NA, NO) for each numbered Hem. For Items marked OUT, mark COS or R for each Hem as applicable. Deduct points for category or subcategory.)

10	e in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe			C
					Compliance Status	cos	R	W
	IN	OUT	NA	NO	Supervision			
1	×	0			Person in charge present, demonstrates knowledge, and performs duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	$\exists x$	0			Management and food employee awareness; reporting	0	0	П
3	×	0			Proper use of restriction and exclusion	0	0	5
ī	IN	OUT	NA	NO	Good Hygienic Practices			
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	١,
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	l °
Ī	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	100	0		0	Hands clean and properly washed	0	0	П
7	800	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	٩
8	×	0			Handwashing sinks properly supplied and accessible		0	12
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	Г
0	0	0	0	×	Food received at proper temperature	0	0	
1	X	0			Food in good condition, safe, and unadulterated		0	١
2	0	0	Ж	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
3	×	0	0		Food separated and protected	0	0	4
4	X	0	0		Food-contact surfaces: cleaned and sanitized	0	0	
15	×	0			Proper disposition of unsafe food, returned food not re-		0	2

	Compliance status						К	**1
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	0	Proper cooking time and temperatures	0	0	
17	0	0	0	3%	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	×	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20		0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	•
22	0	0	×	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	×		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25		0	- XX		Food additives: approved and properly used	0	0	5
26	8	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

O Yes 疑 No

s, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=com			
		Compliance Status	cos	R	٧
	OUT				
28	0	Pasteurized eggs used where required	0	0	
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	
	OUT	Food Temperature Control		_	
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	
32	0	Plant food properly cooked for hot holding	0	0	г
33	0	Approved thawing methods used	0	0	Т
34	0	Thermometers provided and accurate	0	0	г
	Food Identification				
35	×	Food properly labeled; original container, required records available	0	0	Г
	OUT	Prevention of Feed Contamination			
36	0	Insects, rodents, and animals not present	0	0	
37	0	Contamination prevented during food preparation, storage & display	0	0	Г
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	Г
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensiis			_
41	120	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	100	Single-use/single-service articles; properly stored, used	0	0	Н
44		Gloves used properly	0	0	г

pect	on	R-repeat (violation of the same code provision		-	147
		Compliance Status	cos	R	W
	OUT	Utensils 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 Toilet facilities: properly constructed, supplied, cleaned	0	0	1
51	0		0		
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	٠
53	3%	Physical facilities installed, maintained, and clean	0	0	,
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	'
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 3%	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	

ion report in a conspicuous manner. You have the right to request a h ten (10) days of the date of th 03, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

03/29/2021

03/29/2021

Date

Signature of Person In Charge 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.

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: Sara's Kitchen								
Establishment Number #: [605263435								
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		e facilities at all times to						
twenty-one (21) years of age or older.	tnct access to its buildings o	or facilities at all times to	persons wno are					
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.								
Garage type doors in non-enclosed areas are not completely open.								
Tents or awnings with removable sides or vents	s in non-enclosed areas are	not completely remove	d or open.					
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is	prohibited.						
Smoking observed where smoking is prohibited	i by the Act.							
				-				
Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fai	renhelt)				
Equipment Temperature								
Description			Temperature (Fah	renhelt)				
-								
Food Temperature		1 -1 1	1- 1					
Description		State of Food	Temperature (Fah	renheit)				

Observed Violations
Total # 5 Repeated # 0
tepeated # 0
5:
1:
3:
9:
3:
TO an ease at the and of this decrement for any violations that could not be disclosed in this cours

^{&#}x27;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: Sara's Kitchen	
Establishment Number: 605263435	
Comments/Other Observations	

Comments/Other Observations	
1:	
1: 2: 3:	
4:	
5:	
6: Item corrected employee washed hands upon returning to kitchen	
7:	
8:	
9:	
10:	
11 :	
12:	
13: Item corrected	
14:	
15 :	
16:	
17:	
18:	
19:	
20:	
21: 22: 23:	
22:	
23:	
24: 25:	
25:	
26: 27:	
27:	
57: 	
58:	

Additional Comments

See last page for additional comments.

^{***}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.

Establishment Name: Sara's Kitchen Establishment Number: 605263435	Establishment Information	
Establishment Number: 605263435 Comments/Other Observations (cont'd) Additional Comments (cont'd)	Establishment Name: Sara's Kitchen	
Additional Comments (cont'd)	Establishment Number: 605263435	
Additional Comments (cont'd)		
Additional Comments (cont'd)	Comments/Other Observations (cont'd)	
	Additional Comments (south)	
See last page for additional comments.		
	See last page for additional comments.	

Establishment Information								
Establishment Name: Sara's Kitchen								
Establishment Number #:	605263435							
Sources								
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Commen	ts							
See routine inspection	n for comments							