

Establishment Name

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Captain D's #3529 Remanent O Mobile Type of Establishment 1041 W. Main St. O Temporary O Seasonal

Lebanon Time in 10:33 AM AM / PM Time out 11:35: AM 05/14/2021 Establishment # 605004215 Embargoed 0 Inspection Date

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

Number of Seats 90 Risk Category О3 04 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN-in compliance OUT=not in compliance NA=not applicable NO=not observed COS=corrected on-site during inspection R=repeat (violation of the same code provision)																			
					Compliance Status	cos	R	WT	VT Compliance Status					COS	R	٧			
	IN	OUT NA NO Supervisien						l la	IN OUT	NA.	NO	Cooking and Reheating of Time/Temperature							
F.	6+2	_		_	Person in charge present, demonstrates knowledge, and	_			н			100	110	Control For Safety (TCS) Foods					
ľ	麗	0			performs duties	0	- - -		Ιħ	6 12	0	0	0	Proper cooking time and temperatures	0	0	П		
	IN	OUT	NA	NO	Employee Health				1 1	17 O O S Proper reheating procedures for hot holding		Proper reheating procedures for hot holding	0	0	L'				
2	$\square X$	0			Management and food employee awareness; reporting	0	0 0		1 🗆							Cooling and Holding, Date Marking, and Time as			
3	寒	0			Proper use of restriction and exclusion	0 0 5		Ш	IN		OUT NA	NA NO	a Public Health Control						
	IN	OUT	NA	NO	Good Hygienic Practices				1 17	8 0	0	0	涎	Proper cooling time and temperature	0	0	Г		
4	100	0			Proper eating, tasting, drinking, or tobacco use	0	0			9 3	(0	0	0	Proper hot holding temperatures	0	0	1		
5	黨	0			No discharge from eyes, nose, and mouth	ō	0	L.		0 2	0			Proper cold holding temperatures	0	8] ,		
	IN	OUT	NA	NO	Proventing Contamination by Hands] [2	21 🕱 O O O Proper date marking and		0	Proper date marking and disposition	0	0] `				
6	黨	0		0	Hands clean and properly washed	0	0		ll۶	2 0	ه ا	×	0	Time as a public health control: procedures and records	0	0	1		
7	歐	0	0	0	No bare hand contact with ready-to-eat foods or approved	0			ΙĽ		1		_		Ľ	Ľ	上		
Ŀ	-		alternate procedures followed		Į Į	110	OU	NA	NO	Consumer Advisory		_	_						
8	黑				l 2	23 0 0 2 2			Consumer advisory provided for raw and undercooked	0	Ιo	L							
F	_	_	NA	NO	Approved Source	_		_	Н	1000		food	-	느	느				
19	0-0		-	_	Food obtained from approved source	0	0	Į .	Ш	110	00	NA	NO	Highly Susceptible Populations		_	_		
10	0		-	2%	Food received at proper temperature	0	0	5	₂	4 C	ıl٥	320		Pasteurized foods used; prohibited foods not offered	0	Ιo			
117	×	0		_	Food in good condition, safe, and unadulterated	0	0	١.,	ΙĿ	_	-	1.7	_				ᆫ		
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	O IN OUT NA NO Chemicals		Chemicals									
	IN	OUT	NA	NO	Protection from Contamination					5 C		T XX		Food additives: approved and properly used	0	0	П		
13	黛	0	0		Food separated and protected	0	0	4] [2	6 8	0			Toxic substances properly identified, stored, used	0	0	L'		
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0 0 5		lΓ	- IN	OUT	NA	NO	Conformance with Approved Procedures						
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	[2	7 C	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	-		

			GOO	DD R	ŦΙΑ	IL PRA	CTIC	E3			
		OUT=not in compliance COS=corre	ected o	n-site	durin	inspect		R-repeat (violation of the same code provision)			
	Compliance Status					COS R WT Compliance Status			COS	R	WT
OUT Safe Food and Water						OUT	Utensils and Equipment				
28 29		Pasteurized eggs used where required Water and ice from approved source	8	0		45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
30		Variance obtained for specialized processing methods	8	18	1	⊢	-	constructed, and used	-	-	-
OUT					÷	46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1
_	001		_		_	47	38	Nonfood-contact surfaces clean	0	0	-
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	2	1	OUT				
L	-		L.	١.			100.000		+-		
32	_	Plant food properly cooked for hot holding	0	0	1	48		Hot and cold water available; adequate pressure		0	
33		Approved thawing methods used	0	0	1	49		Plumbing installed; proper backflow devices	_	0	2
34		Thermometers provided and accurate	0	0	1	50		Sewage and waste water properly disposed	0	0	2
	OUT	T Food Identification				51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
35	0	Food properly labeled; original container; required records available	0	0	1	52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
	OUT	Prevention of Feed Contamination				53	0	Physical facilities installed, maintained, and clean	0	0	1
36	0	Insects, rodents, and animals not present	0	0	2	54	0	Adequate ventilation and lighting; designated areas used	0	0	1
37	855	Contamination prevented during food preparation, storage & display	0	0	1		OUT	Administrative Items			
38	0	Personal cleanliness	0	0	1	55		Current permit posted	0	0	
39	0	Wiping cloths; properly used and stored	0	0	1	56	0	Most recent inspection posted	0	0	ı "
40	0	Washing fruits and vegetables	0	0	1		Compliance Status		YES	NO	WT
	OUT Proper Use of Utensils					Non-Smokers Protection Act					
41	0	In-use utensils; properly stored	0	0	1	57		Compliance with TN Non-Smoker Protection Act	W	0	
42	35	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58]	Tobacco products offered for sale	0	0	0
43	0	Single-use/single-service articles; properly stored, used	0	0	1	59	1	If tobacco products are sold, NSPA survey completed	0	0	
44	0	Gloves used properly	0	0	1						

n (10) days of the date of the

05/14/2021

Date Signature of Environmental Health Specialist

05/14/2021

Date

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

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Captain D's #3529
Establishment Number #: 605004215

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.	
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 in non-enclosed areas are not completely removed or open.	
Smoke from non-enclosed areas is inflitrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	_

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
3 comp sink	QA	200						

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Ric	38				
Rif	-9				
Wif	0				
Wic	38				

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
White fish	Cooking	165
Shrimp	Cooking	175
Fish	Hot Holding	174
Mac and cheese	Hot Holding	156
Shrimp	Hot Holding	140
White fish	Cold Holding	40
Salmon	Cold Holding	39
Green beans	Cold Holding	40
Chicken tenders	Cooking	199

Observed Violations
Total # 5
Repeated # 0
34: Unable tomlocate thermometer in rif
37: Food stored on floor in wif
42: Dishes stacked wet on shelf by 3 comp sink
47: Food debris build up in bottom of rif
50: Water dripping on floor from drain at 3 comp sink

^{***}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: Captain D's #3529 Establishment Number: 605004215

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 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 washing hands after handling raw fish. Employee washed after cleaning
- 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: See food temps
- 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: (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.

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: Captain D's #3529	
Establishment Number: 605004215	
Comments/Other Observations (cont'd)	
4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Inform	nation			
Establishment Name: Ca	aptain D's #3529			
Establishment Number #:	605004215			11
The second variable of				
Sources				
Source Type:	Water	Source:	City	
Source Type:	Food	Source:	McLane	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Commer	nts			