

Establishment Name

Address

City

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit O Permanent MMobile

SCORE

Type of Establishment O Temporary O Seasonal

Lebanon Time in 08:22 AM AM / PM Time out 08:39; PM

04/21/2021 Establishment # 605301785 Embargoed 0 Inspection Date

Kona Ice of Wilson County Kiosk #2

173 Village Cir

Purpose of Inspection **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other Number of Seats 0 Risk Category О3 04 Follow-up Required O Yes 疑 No

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(IN, OUT, NA, NO) for

- 12	¥=in c	compli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		0	OS=0	omect	ed on-si	ite dur	'n
					Compliance Status	COS	R	WT	1 C				
	IN	OUT	NA	NO	Supervision				П	IN	оит	NA	ı
1	氮	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	-	6 0	0	УEC	ł
	IN	OUT	NA	NO	Employee Health					7 0		8	t
2	130	0			Management and food employee awareness; reporting	0	О	$\overline{}$	1 1				t
3	×	0			Proper use of restriction and exclusion	0	0	5	Ш	IN	OUT	NA	ı
	IN	OUT	NA	NO	Good Hygienic Practices				1 1	8 0	_	×	Ī
4	0	0		<b>X</b>	Proper eating, tasting, drinking, or tobacco use	0	0	5	1 17	9 0	0	鸾	Ī
5	0	0		*	No discharge from eyes, nose, and mouth	0	0	l °	2	0 24	0	0	Ī
	IN	OUT	NA	NO	Proventing Contamination by Hands				] [2	1 0	0	246	Ι
6	0	0		300	Hands clean and properly washed	0	0		Ιſ	2 0	0	×	I
7	0	0	0	×	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	ľ	IN	_	NA.	ł
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2	1 5	3 0	6	M	Ī
	IN	OUT	NA	NO	Approved Source				ΙĽ	10	1	~	l
9	黨	0			Food obtained from approved source	0	0		П	IN	OUT	NA	Ī
10	0	0	0	X	Food received at proper temperature	0	0	1	1 5	4 0		333	î
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	Ιľ	4 0	0	-80	ı
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	ОИТ	NA	Ī
	IN	OUT	NA	NO	Protection from Contamination				1 2	5 0		W.	Ī
13	Æ	0	0		Food separated and protected	0	0	4	] [2	6 8	0		
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	П	IN	OUT	NA	ľ
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	2	7 0	0	×	Ī

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	寒	0	Proper cooking time and temperatures	0	0	5
17	0	0	300	0	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	Proper cooling time and temperature	0	0	
19		0	文	0	Proper hot holding temperatures	0	0	
20		0	0		Proper cold holding temperatures	0	0	5
21	0	0	282	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	335		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит			Chemicals			
25		0	- XX		Food additives: approved and properly used	0	0	5
26	黨	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

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			GOO		
		OUT=not in compliance COS=corr			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mon			
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	г
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	Г
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	
37	0	Contamination prevented during food preparation, storage & display	0	0	
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils	-		
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0	Single-use/single-service articles; properly stored, used	0	0	Г
44	0	Gloves used properly	-	0	г

rspect	ion	R-repeat (violation of the same code provision	)		
		Compliance Status	COS	R	WT
	OUT	Utensiis and Equipment			
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	题	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	2
49	0	Plumbing installed; proper backflow devices	0	0	2
50	0	Sewage and waste water properly disposed	0	0	2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	1
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items	Т		
55	0	Current permit posted	ि	0	_
56	0	Most recent inspection posted	0	0	0
П		Compliance Status	YES	NO	WT
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

icuous manner. You have the right to request a (10) days of the date of the 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

04/21/2021

Date Signature of Environmental Health Specialist

04/21/2021

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. PH-2267 (Rev. 6-15) 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 Information	an Carrett Kingle #2			
Establishment Name: Kona Ice of Wils	on County Kiosk #2			
Establishment Number #: [605301785				
NSDA Summer. To be completed if	#57 in #Ma#			
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		facilities at all times to ne	mons who are	
twenty-one (21) years of age or older.	unct access to its buildings or	lacilities at all times to pe	isons who are	
Age-restricted venue does not require each per	rson attempting to gain entry	to submit acceptable form	of identification.	
"No Smoking" signs or the international "Non-S	moking" symbol are not cons	picuously posted at every	entrance.	
Garage type doors in non-enclosed areas are n	not completely open.			
Tents or awnings with removable sides or vents	s in non-enclosed areas are n	not completely removed or	ropen.	
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.		
Smoking observed where smoking is prohibited	i by the Act.			
Warewashing Info				
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	irenheit)
Equipment Temperature				
Description			Temperature ( Fah	renhelf)
Food Townson				
Food Temperature		Mate of Free		
Description		State of Food	Temperature ( Fah	renheit)

Observed Violations
Total # 1
Repeated # ()
46: 3 comp sink missing drain boards
***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: Kona Ice of Wilson County Kiosk #2

Establishment Number: 605301785

## 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: (N.O.) No food workers present.
- 5: (N.O.) No food workers present at the time of inspection.
- 6: (NO) No workers present during inspection.
- 7: (NO) No food workers present during the inspection.
- 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: Syrups are sealed
- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Only syrups on unit during inspection
- 21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 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.

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

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

comments/Other Observations (cont'd)	
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Establishment Information

# Establishment Information Establishment Name: Kona Ice of Wilson County Kiosk #2 Establishment Number #: 605301785 Sources Source Type: Food Source: Kona Ice, Home City Ice Source Type: City Water Source: Source Type: Source: Source Type: Source: Source Type: Source: **Additional Comments** Mobile unit not operating during inspection. 3 comp sink not set up