

Establishment Name

Purpose of Inspection

Address

City

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

Time in 02:09 PM AM/PM Time out 03:07: PM AM/PM

O Temporary O Seasonal

05/27/2021 Establishment # 605225392 Embargoed 0 Inspection Date

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

Risk Category **O**3 Follow-up Required

Number of Seats 232 O Yes 疑 No

SCORE

10	4≃in c	:ompii	ance		OUT=not in compliance NA=not applicable NO=not observe	)d		c		
					Compliance Status	cos	R	WT		
	IN	OUT	NA	NO	Supervision					
1	氮	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5		
	IN	OUT	NA	NO	Employee Health					
2	$\mathbb{R}^{\mathbb{C}}$	0			Management and food employee awareness; reporting	0	0			
3	×	0			Proper use of restriction and exclusion	0	0	5		
	IN	OUT	NA	NO	Good Hygienic Practices					
4	*	0		0	Proper eating, tasting, drinking, or tobacco use	0	0			
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	0		
	IN	OUT	NA	NO	Preventing Contamination by Hands					
6	100	0		0	Hands clean and properly washed	0	0			
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5		
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2		
	IN	OUT	NA	NO	Approved Source					
9	黨	0			Food obtained from approved source	0	0			
10	0	0	0	3%	Food received at proper temperature	0	0	1		
11	×	0	-		Food in good condition, safe, and unadulterated	0	0	5		
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			
	IN	OUT	NA	NO	Protection from Contamination					
13	×	0	0		Food separated and protected	0	0	4		
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		
15	×	0			Proper disposition of unsafe food, returned food not re-	0	0	2		

Longhorn Steakhouse #5435

355 Pleasant Grove Rd.

**Mount Juliet** 

ᆫ					Compliance Status	000	ĸ	** 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	5
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	24	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	333		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25	0	0	3%		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

# to control the introduction of path

						L PRA		3.
		OUT=not in compliance COS=corr				inspecti	on	
	Lave	Compliance Status	cos	к	WT	$\vdash$		
	OUT		-	_	_		OUT	
28		Pasteurized eggs used where required	0	0	_1_	45	38	Foo
29		Water and ice from approved source	0	0	2		-	con
30	_	Variance obtained for specialized processing methods	0	0	1	46	0	Wa
	OUT	Food Temperature Control		_	=		-	
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	47	0	Nor
31	~	control	"		<b>^</b>		OUT	
32	0	Plant food properly cooked for hot holding	0	0	1	48	0	Hot
33	0	Approved thawing methods used	0	0	1	49	0	Plu
34	0	Thermometers provided and accurate	0	0	1	50	0	Sev
	OUT	Food Identification	1	-		51	ō	Toil
35	×	Food properly labeled; original container; required records available	0	0	1	52	0	Gar
	OUT	Prevention of Food Contamination				53	0	Phy
36	0	Insects, rodents, and animals not present	0	0	2	54	0	Ade
37	誕	Contamination prevented during food preparation, storage & display	0	0	1		OUT	Г
38	0	Personal cleanliness	0	0	1	55	0	Cur
39	0	Wiping cloths: properly used and stored	0	0	1	56	0	Mos
40	_	Washing fruits and vegetables	O	0	1			
	OUT	Proper Use of Utensils						
41	0	In-use utensils; properly stored	0	0	1	57		Cor
42	300	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58	1	Tob
43		Single-use/single-service articles; properly stored, used	0	0	1	59	1	If to
44		Gloves used properly	0	O	1			_

pecti		R-repeat (violation of the same code provision)  Compliance Status	cos	R	W
	OUT	Utensiis and Equipment	-	-	
45	H	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	- 2
49	0	Plumbing installed; proper backflow devices	0	0	-:
50	0	Sewage and waste water properly disposed	0	0	- :
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	_
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items			
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	'
		Compliance Status	YES	NO	V
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	100	0	
58		Tobacco products offered for sale	0	0	١
59		If tobacco products are sold, NSPA survey completed	0	0	_

(10) days of the date of the

05/27/2021

nature of Environmental Health Specialist

05/27/2021

Signature of Person In Charge

Date

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

Date

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



#### Establishment Information

Establishment Name: Longhorn Steakhouse #5435

Establishment Number #: |605225392

#### 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 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)
Dish machine	CI	100	
Bucket	QA	200	

Equipment Temperature	
Description	Temperature ( Fahrenheit)
Ric	40
Ric	38
Wic	32
Wif	-10

Food Temperature		
Description	State of Food	Temperature ( Fahrenheit
Salmon	Cold Holding	41
Grilled chicken	Cooking	169
Chicken breast	Cold Holding	41
Chicken tenders	Cold Holding	41
Mashed potatoes	Hot Holding	166
Baked sweet potato	Hot Holding	186
Steak	Cold Holding	40
Sliced tomatoes	Cold Holding	40
Shrimp	Cooking	160
Diced tomatoes cut 2 hrs	Cooling	48
Fried chicken breast	Cooking	199
Rice 45 mins wic	Cooling	58
Chicken wings	Cold Holding	40
Mac and cheese	Cold Holding	39
Potato soup	Hot Holding	156

Observed Violations
Total # 4
Repeated # 0
35: Squeeze bottles and shakers by gril not labeled
37: Containers of spice mixes stored by hand sink not covered
42: Dishes stacked wet on shelf across from dish machine
45: Severely grooved cutting boards

<sup>&</sup>quot;"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: Longhorn Steakhouse #5435

Establishment Number: 605225392

# 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: Employees washing hands when changing gloves. Employee washed hands after handling raw meat
- 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: See food temps
- 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: Statement on menu
- 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.

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

Establishment Name: Longh	orn Steakhouse #5435	
Establishment Number: 609	225392	
	Imments (cont'd)  mments (cont'd)  mage for additional comments.	
Comments/Other Observ	ations (cont'd)	
Additional Comments (a)	métal)	
See last page for a	iaitionai comments.	

Establishment Information

	onghorn Steakhouse #54	430		
stablishment Number #:	605225392			_
Cources				
Source Type:	Food	Source:	McLane, Freshpoint	
Source Type:	Water	Source:	City	
ource Type:		Source:		
ource Type:		Source:		
ource Type:		Source:		
Additional Comme	ents			