

Establishment Name

Address

Risk Category

City

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Number of Seats 410

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

O Yes 疑 No

Time in 01:48 PM AM/PM Time out 01:56: PM AM/PM

Follow-up Required

02/21/2023 Establishment # 605161388 Embargoed 0 Inspection Date 日本 Follow-up Routine O Preliminary

Blackman Middle Sch. Food Service

3945 Blaze Dr.

Murfreesboro

Purpose of Inspection O Complaint O Consultation/Other О3

04

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

itus (IN, OUT, NA, NO) for e

IIN	e in c	compli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		0	05=0	con	recte	d on-si	te duri	ing in:	spec
					Compliance Status	cos	R	WT] [_
	IN	OUT	NA	NO	Supervision				П		IN	оит	NA	NO	
1	M	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	١,	16	0	0	0	200	Pro
	IN	OUT	NA	NO	Employee Health		-			17	*	ŏ	ō	õ	Pro
2	700	0			Management and food employee awareness; reporting	0	0		1 1						c
3	×	0			Proper use of restriction and exclusion	0	0	5	Н		IN	OUT	NA	NO	ľ
	IN	OUT	NA	NO	Good Hygienic Practices				1 17	18	0	0	0	涎	Pro
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	1 13	19	窓	0	0	0	Pro
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	l °	ΙÞ	20	245	0	0		Pro
	IN	OUT	NA	NO	Preventing Contamination by Hands				1 [3	21	*	0	0	0	Pro
6	100	0		0	Hands clean and properly washed	0	0		ΙG	22	0	0	0	氮	Tin
7	800	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5	Ľ	"	_		_		
_	-		_		alternate procedures followed	_			JE		IN	OUT	NA	NO	
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2	l I:	23	0	0	X		Co
_	IN		NA	NO	Approved Source			_	1 1;	-	-	_			foc
9	黨	0			Food obtained from approved source	0	0		Lυ		IN	OUT	NA	NO	
10	0	0	0	×	Food received at proper temperature	0	0	1 .	ΗG	24	0	0	333		Pa
11	×	0			ood in good condition, safe, and unadulterated 0 0 0		000		r°						
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0				IN	OUT	NA	NO	
	IN	OUT	NA	NO	Protection from Contamination					25	0	0	-XX		Fo
13	×	0	0		Food separated and protected	0	0	4] [3	26	80	0			Tα
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	lſ		IN	OUT	NA	NO	
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	[27	0	0	×		Co HA

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	寒	Proper cooking time and temperatures	0	0	5
17	8	0	0	0	Proper reheating procedures for hot holding	0	0	٠
	IN	OUT	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	335		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		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

s to control the introduction of pathogens, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mori	_		_
28	0	Pasteurized eggs used where required	0	0	1
29	0		0	0	
30	0	Variance obtained for specialized processing methods	0	0	1
	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	r
33	0	Approved thawing methods used	0	0	7
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	ŀ
	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	ŀ
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	'
	OUT	Proper Use of Utensils			Π
41	0	In-use utensils; properly stored	0	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0		0	0	r

pect	on	R-repeat (violation of the same code provision		-	147
		Compliance Status Utensils and Equipment	cos	R	W
	OUT	_	_	_	
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	題	Warewashing facilities, installed, maintained, used, test strips	0	0	1
47	0	Nonfood-contact surfaces clean	0	0	1
	OUT	Physical Facilities	\top		
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	- :
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	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	- X	0	
58		Tobacco products offered for sale	0	0	١.
59		If tobacco products are sold, NSPA survey completed	0	0	

You have the right to request a h ten (10) days of the date of the

Date

02/21/2023

02/21/2023 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) 6158987889 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information				
	e Sch. Food Service			
Establishment Number # [605161388				
NSPA Survey - To be completed if				
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.				
Age-restricted venue does not require each per	son attempting to gain entry	to submit acceptable form	of identification.	
"No Smoking" signs or the international "Non-Si	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 r	ot completely removed o	r open.	
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.		
Smoking observed where smoking is prohibited	by the Act.			
Warewashing Info	- do -			
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)
Equipment Temperature				
Description			Temperature (Fahi	renhelt)
Food Townson			•	
Food Temperature		State of Food	Townson (Fab.	
Description		State of Food	Temperature (Fah	renheit)

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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Informa	ation				
Establishment Name: Bla	ackman Middle Sch. F	Food Service			
Establishment Number :	605161388				
Comments/Other Obs	ervations				
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Additional	Comments

See last page for additional comments.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Blackman Middle Sch. Food Service		
Establishment Number: 605161388		
Comments/Other Observations (soutist)		
Comments/Other Observations (cont'd)		
Additional Comments (cont'd)		
See last page for additional comments.		

Establishment Information

Establishment Name: Blackman Middle Sch. Food Service					
Establishment Number #: 605161388					
Sources					
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Additional Comments					

Establishment Information