

TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

95

Establishment Name	Angie's Diner		Type of Establishment	☒ Farmer's Market Food Unit	95
Address	100 James Robertson Parkway			☒ Permanent ☐ Mobile	
City	Nashville	Time in	11:50 AM	☐ Temporary ☐ Seasonal	
		AM / PM			
Inspection Date	04/26/2023	Time out	12:00 PM	AM / PM	
Inspection Date	04/26/2023	Establishment #	605315151	Embargoed	0
Purpose of Inspection	☐ Routine	☒ Follow-up	☐ Complaint	☐ Preliminary	☐ Consultation/Other
Risk Category	☐ 1	☒ 2	☐ 3	☐ 4	Follow-up Required ☐ Yes ☒ No
					Number of Seats 35

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public Health Interventions** are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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								
	IN	OUT	NA	NO	Supervision																								
1	☒	☐			Person in charge present, demonstrates knowledge, and performs duties										☐	☐	5												
	IN	OUT	NA	NO	Employee Health																								
2	☒	☐			Management and food employee awareness, reporting										☐	☐	5												
3	☒	☐			Proper use of restriction and exclusion										☐	☐													
	IN	OUT	NA	NO	Good Hygienic Practices																								
4	☒	☐		☐	Proper eating, tasting, drinking, or tobacco use										☐	☐	5												
5	☒	☐		☐	No discharge from eyes, nose, and mouth										☐	☐													
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	☒	☐		☐	Hands clean and properly washed										☐	☐	5												
7	☒	☐		☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed										☐	☐													
8	☒	☐			Handwashing sinks properly supplied and accessible										☐	☐	2												
	IN	OUT	NA	NO	Approved Source																								
9	☒	☐			Food obtained from approved source										☐	☐	5												
10	☐	☐	☐	☒	Food received at proper temperature										☐	☐													
11	☒	☐			Food in good condition, safe, and unadulterated										☐	☐													
12	☐	☐	☒	☐	Required records available: shell stock tags, parasite destruction										☐	☐	5												
	IN	OUT	NA	NO	Protection from Contamination																								
13	☒	☐	☐		Food separated and protected										☐	☐	4												
14	☒	☐	☐		Food-contact surfaces: cleaned and sanitized										☐	☐	5												
15	☒	☐			Proper disposition of unsafe food, returned food not re-served										☐	☐	2												

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

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

OUT=not in compliance

COS=corrected on-site during inspection

Compliance Status						COS	R	WT
	OUT	Safe Food and Water						
28	☐	Pasteurized eggs used where required				☐	☐	1
29	☐	Water and ice from approved source				☐	☐	2
30	☐	Variance obtained for specialized processing methods				☐	☐	1
	OUT	Food Temperature Control						
31	☐	Proper cooling methods used; adequate equipment for temperature control				☐	☐	2
32	☐	Plant food properly cooked for hot holding				☐	☐	1
33	☐	Approved thawing methods used				☐	☐	1
34	☐	Thermometers provided and accurate				☐	☐	1
	OUT	Food Identification						
35	☒	Food properly labeled; original container; required records available				☐	☐	1
	OUT	Prevention of Food Contamination						
36	☐	Insects, rodents, and animals not present				☐	☐	2
37	☒	Contamination prevented during food preparation, storage & display				☐	☐	1
38	☐	Personal cleanliness				☐	☐	1
39	☐	Wiping cloths; properly used and stored				☐	☐	1
40	☐	Washing fruits and vegetables				☐	☐	1
	OUT	Proper Use of Utensils						
41	☐	In-use utensils; properly stored				☐	☐	1
42	☐	Utensils, equipment and linens; properly stored, dried, handled				☐	☐	1
43	☒	Single-use/single-service articles; properly stored, used				☐	☐	1
44	☐	Gloves used properly				☐	☐	1

R-repeat (violation of the same code provision)

Compliance Status						COS	R	WT
	OUT	Utensils and Equipment						
45	☐	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				☐	☐	1
46	☐	Warewashing facilities, installed, maintained, used, test strips				☐	☐	1
47	☐	Nonfood-contact surfaces clean				☐	☐	1
	OUT	Physical Facilities						
48	☐	Hot and cold water available; adequate pressure				☐	☐	2
49	☒	Plumbing installed; proper backflow devices				☐	☐	2
50	☐	Sewage and waste water properly disposed				☐	☐	2
51	☐	Toilet facilities: properly constructed, supplied, cleaned				☐	☐	1
52	☐	Garbage/refuse properly disposed; facilities maintained				☐	☐	1
53	☐	Physical facilities installed, maintained, and clean				☐	☐	1
54	☐	Adequate ventilation and lighting; designated areas used				☐	☐	1
	OUT	Administrative Items						
55	☒	Current permit posted				☐	☐	0
56	☐	Most recent inspection posted				☐	☐	
		Compliance Status				YES	NO	WT
		Non-Smokers Protection Act						
57		Compliance with TN Non-Smoker Protection Act				☒	☐	
58		Tobacco products offered for sale				☐	☐	0
59		If tobacco products are sold, NSPA survey completed				☐	☐	

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

	04/26/2023		04/26/2023
Signature of Person in Charge	Date	Signature of Environmental Health Specialist	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: Angie's Diner
Establishment Number #: 605315151

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)

Equipment Temperature

Description	Temperature (Fahrenheit)

Food Temperature

Description	State of Food	Temperature (Fahrenheit)

Observed Violations**Total #** 5**Repeated #** 0

35:

37:

43:

49:

55:

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Angie's Diner

Establishment Number : 605315151

Comments/Other Observations

1:
2:
3:
4:
5:
6:
7:
8:
9:
10:
11:
12:
13:
14:
15:
16:
17:
18:
19:
20:
21:
22:
23:
24:
25:
26:
27:
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.

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

Establishment Information

Establishment Name: Angie's Diner

Establishment Number : 605315151

Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

Establishment Information	
Establishment Name:	Angie's Diner
Establishment Number #:	605315151

Sources

Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:

Additional Comments

Immediate food follow up. All critical items corrected.