

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit The Inka Trailer MT#410 O Permanent MMobile Establishment Name Type of Establishment 1008 Fatherland St O Temporary O Seasonal Address Nashville Time in 12:25 PM AM/PM Time out 12:35: PM AM/PM City 10/27/2022 Establishment # 605257572 Embargoed 0 Inspection Date ∰ Follow-up Purpose of Inspection O Routine O Complaint O Preliminary O Consultation/Other

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О3

Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

| 12 | ¥=in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | id | | 0 |
|----|-------------------|-------|------|----|---|----|---|----|
| | Compliance Status | | | | | | | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | Ħ | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | 300 | 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 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | |
| 5 | 黨 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 氮 | 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 | × | Food received at proper temperature | 0 | 0 | |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | Ŕ | 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 |

| | | | | | Compliance Status | COS | R | WT |
|----|----|-----|-----|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 寒 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 300 | 0 | Proper reheating procedures for hot holding | 0 | 0 | 9 |
| | 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 | X | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 24 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | 0 | 0 | 0 | 200 | 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 | M | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 菜 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

O Yes 疑 No

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

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|----|-------------------------|--|-----|---|---|
| | | 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 | г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | Г |
| 43 | 0 | | 0 | 0 | r |
| - | | | | | |

| specti | | R-repeat (violation of the same code provision Compliance Status | cos | R | W |
|---|-----|---|-------|----|-----|
| | OUT | Utensils and Equipment | 1000 | | |
| 45 | 0 | Ened and prefered contact curfaces cleanable, preparty decimand | | 0 | - |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | , |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | - |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | _: |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | -: |
| 50 O Sewage and waste water properly disposed | | Sewage and waste water properly disposed | 0 | 0 | - 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | _ |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | ١ ١ |
| 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 | Г |
| 56 | 0 | Most recent inspection posted | 0 | 0 | L. |
| | | Compliance Status | YES | NO | W |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | X O | | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ (|
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

er and post the most recent inspection report in a conspicuous manner. You have the right to request a hi n ten (10) days of the date of th

Signature of Ferson In Charge

10/27/2022

Date Signature of E

10/27/2022

Date

RDA 629

**** 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)) 6153405620 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | | | | |
|--|---|-------------------------------|-------------------|----------|--|--|--|--|--|
| Establishment Name: The Inka Trailer MT#410 | | | | | | | | | |
| Establishment Number #: 605257572 | | | | | | | | | |
| MCDA Common To be commissed if | #F7 := #M=# | | | | | | | | |
| NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest | | facilities at all times to pe | ercons who are | | | | | | |
| twenty-one (21) years of age or older. | rict access to its buildings or | lacilities at all times to pe | ersons who are | | | | | | |
| Age-restricted venue does not require each per | 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-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 r | not 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 | | | | | | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fah | renhelt) | | | | | |
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| | • | | • | | | | | | |
| Equipment Temperature | | | | | | | | | |
| Description | | | Temperature (Fah | renhelt) | | | | | |
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| Food Temperature | | | | | | | | | |
| Description | | State of Food | Temperature (Fah | renhelt) | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Comments/Other Observations 2: 3: 4: 5: 5: 5: 6: 7: 8: This violation was noticed during the last inspection; hot water now available at hand sink 3: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 19: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 19: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 19: 10: 10: 11: 11: 11: 12: 13: 14: 15: 16: 17: 18: 18: 19: 19: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10 | Establishment Name: The Inka Trailer MT#410 | | | | | | |
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| 3: This violation was noticed during the last inspection; hot water now available at hand sink 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: | | | | | | | |
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| 0: 10: 11: 12: 12: 13: 14: 14: 15: 16: 16: 17: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18 | | | | | | | |
| 20: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 10: 11: 12: 12: 13: 14: 15: 16: 17: 18: 18: 19: 10: 11: 11: 12: 13: 14: 15: 15: 16: 17: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18 | 8: This violation was noticed during the last inspection; hot water now available at hand sink | | | | | | |
| 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 19: 10: 11: 12: 12: 13: 14: 15: 16: 17: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18 | 9: | | | | | | |
| 11. 12: 13: 14: 15: 16: 17: 18: 19: 10: 11: 12: 12: 13: 14: 15: 16: 17: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18 | 10: | | | | | | |
| 22. 33: 44: 45: 66: 47: 88: 199: 200: 211: 222: 233: 244: 255: 266: 277: 37: 38: 38: | 11. 12. | | | | | | |
| 1.5 | 12. 12· | | | | | | |
| 1.5: 1.6: 1.7: 1.8: 1.9: 1.0: 1.1: 1.1: 1.1: 1.1: 1.1: 1.1: 1.1 | 14. | | | | | | |
| 16: 17: 18: 19: 10: 11: 12: 13: 14: 15: 16: 17: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18 | 15: | | | | | | |
| 1.7: 1.8: 1.9: 1.9: 1.0: 1.1: 1.1: 1.1: 1.1: 1.1: 1.1: 1.1 | 16: | | | | | | |
| 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 37: 38: 1: | 17: | | | | | | |
| 19: 20: 21: 22: 23: 24: 25: 26: 27: 38: 1: 1: | 18: | | | | | | |
| 20: 21: 22: 23: 24: 25: 26: 27: 37: 38: L: | 19: | | | | | | |
| 21: 22: 23: 24: 25: 26: 27: 38: L: L: | 20: | | | | | | |
| 22: 23: 24: 25: 26: 27: 37: 38: L: | 21: | | | | | | |
| 24: 25: 26: 27: 27: 27: 28: 28: 28: 28: 28: 28: 28: 28: 28: 28 | 22: | | | | | | |
| 24. 25: 26: 27: 57: 58: L: | 23: | | | | | | |
| 26: 27: 57: 58: L: | 24. 25. | | | | | | |
| 27: 57: 58: L: | 25. 26· | | | | | | |
| 57: 58: L: | 20. 27· | | | | | | |
| 58: L: | 57: | | | | | | |
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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: The Inka Trailer MT#410 | | | | |
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| Establishment Number: 60 | | | | |
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| Comments/Other Obser | vations (cont'd) | | | |
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| Additional Comments (c | | | | |
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Establishment Information

| Establishment Name: The Inka Trailer MT#410 | | | | | | |
|---|---------|--|--|--|--|--|
| Establishment Number #: 605257572 | | | | | | |
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| Sources | | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
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Establishment Information