

Establishment Name

Inspection Date

Address

City Hall Cafeteria

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Type of Establishment 132 W Main St

Permanent O Mobile O Temporary O Seasonal SCORE

Gallatin Time in 09:50 AM AM/PM Time out 10:35; AM AM/PM City

10/28/2022 Establishment # 605319344 Embargoed 0

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

Number of Seats 175 Risk Category О3 Follow-up Required O Yes 疑 No

04

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

m (IN, OUT, NA, NO) for a

115	≑ in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observ	ed		cc)\$=co	recte	d on-si	te duri	ing int	spection R*repe
					Compliance Status	cos	R	WT						Compliance S
	IN	оит	NA	NO	Supervision					IN	оит	NA	NO	Cooking and Rehea
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	0	XX.	Proper cooking time and
н	IN	OUT	NA	NO	Employee Health			-	17	ŏ	ŏ	ŏ	8	Proper reheating procedu
2	700	0			Management and food employee awareness; reporting	0	0	\Box						Cooling and Holding,
3	×	0			Proper use of restriction and exclusion	0	0	5		IN	ОUТ	NA	NO	a Public
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	0	涎	Proper cooling time and t
4	0	0		X	Proper eating, tasting, drinking, or tobacco use	0	0	5	19	0	0	0	黨	Proper hot holding tempe
5	0	0		300	No discharge from eyes, nose, and mouth	0	0	l ° l	20	245	0	0		Proper cold holding temp
	IN	OUT	NA	NO	Preventing Contamination by Hands				21	0	0	0	25	Proper date marking and
6	0	0		3%	Hands clean and properly washed	0	0		22	0	0	×	0	Time as a public health or
7	0	0	0	×	No bare hand contact with ready-to-eat foods or approved	0	0	5			OUT	NA.	_	Consur
8	XX.	0		-	alternate procedures followed Handwashing sinks properly supplied and accessible	0	0	2		-	-		NO	Consumer advisory provi
Ě	IN	_	NA	NO	Approved Source	Ť	_	-	23	0	0	×		food
9	黨	0			Food obtained from approved source	0	0	П		IN	OUT	NA	NO	Highly Susce
10	0	0	0	28	Food received at proper temperature	0	0	1 I	- A	0		300		Destauries d'Éssade use de
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	24	١٠	0	200		Pasteurized foods used;
12		0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	OUT	NA	NO	C
		OUT	NA	NO	Protection from Contamination				25	0	0	3%		Food additives: approved
13	黛	0	0		Food separated and protected	0	0	4	26	窳	0			Toxic substances properl
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Conformance wit
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×		Compliance with variance HACCP plan

_					Compliance Status	cos	к	WI
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	黨	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	٠
	IN	оит		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	0	0	寒	Proper hot holding temperatures	0	0	
20		0	0	L.	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	×		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	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

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

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT				
28	0	Pasteurized eggs used where required	0	0	Ι,
29		Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	Ľ
	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	1
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	,
	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	1
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			
41	0	In-use utensils; properly stored	0	0	г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1
43	0	Single-use/single-service articles; properly stored, used	0	0	Г
44	0	Gloves used properly	0	0	

Signature of Person In Charge

pect	on	R-repeat (violation of the same code provision Compliance Status	Cos	D	W
	OUT	Utensils and Equipment	- 000		**
45	麗	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	-
49	0	Plumbing installed; proper backflow devices	0	0	-
50	0	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	•
53	3%	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	\top		
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	
59		If tobacco products are sold, NSPA survey completed	0	0	

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

10/28/2022

Date Signature of Environmental Health Specialist

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) 6152061100 Please call (to sign-up for a class.

10/28/2022

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



Establishment Name: City Hall Cafeteria	
Establishment Number ≠ 605319344	
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	Temp		169							

Equipment Temperature						
Description	Temperature (Fahrenheit)					
Coolers not on during inspection.						

Food Temperature		I = 1
Description	State of Food	Temperature (Fahrenheit)
No food on site during inspection		
9 -p		

Observed Violations
Total # 2
Repeated # ()
45: Pitted stained cutting board on prep table.
53: Floor damaged in prep area.

[&]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: City Hall Cafeteria
Establishment Number: 605319344

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.
- 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 list
- 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: No food during inspection.
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: No food during inspection.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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:

***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: City Hall Cafeteria	
Establishment Number: 605319344	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information								
Establishment Name: Cit	ty Hall Cafeteria							
Establishment Number #:	605319344							
Sources								
Source Type:	Water	Source:	City					
Source Type:	Food	Source:	Brought in by vendors					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Commer	nts							