

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Smith's Catering Remanent O Mobile Establishment Name Type of Establishment 104 N. College St. O Temporary O Seasonal Address Lebanon Time in 03:03 PM AM / PM Time out 03:51; PM AM / PM City 12/11/2023 Establishment # 605213737 Embargoed 0 Inspection Date Purpose of Inspection **K**Routine O Follow-up O Complaint O Preliminary O Consultation/Other

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Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

II.	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		0
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	ПX	0			Management and food employee awareness; reporting		0	
3	寒	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	黨	0		0	No discharge from eyes, nose, and mouth	0	0	l °
	IN	OUT	NA	NO	Proventing 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	×				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	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	Ħ	0			Proper disposition of unsafe food, returned food not re-		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	×	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	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	X	Proper cooling time and temperature	0	0	
19	0	0	0	文	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	試	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	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

O Yes 疑 No

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

L PRACTICES

		OUT	GOO		
		OUT=not in compliance COS=com Compliance Status	COS		_
	TOUT		003	- 1	
28	0	Pasteurized eggs used where required	0	0	-
29	18	Water and ice from approved source	18	ŏ	١.
30	18	Variance obtained for specialized processing methods	18	ŏ	Н
30	OUT	Food Temperature Control		_	-
	001		_		-
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	ŀ
32	0	Plant food properly cooked for hot holding	0	0	г
33	0	Approved thawing methods used	0	0	г
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	Г
	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	Г
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	П
40	0	Washing fruits and vegetables	0	0	Г
	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	Г
43	100	Single-use/single-service articles; properly stored, used	0	0	г
44	0	Gloves used properly	0	0	П

specti	ion	R-repeat (violation of the same code provision		_	
		Compliance Status	COS	R	WT
	OUT	Utensils and Equipment		_	
45	0	Food and norfood-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	2
50	0	Sewage and waste water properly disposed	0	0	2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	1
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items			
55	0	Current permit posted	0	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	WT
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 120	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	_ 0	0	

tion report in a conspicuous manner. You have the right to request a h ten (10) days of the date of the

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Signature of Person In Charge

12/11/2023

000 Date Signature of Environ

12/11/2023

**** 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) 6154445325 Please call (to sign-up for a class.

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Smith's Catering Establishment Number #: 605213737

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 wenty-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.	
Sarage 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 (Fahrenhelt)			
Three comp sink	Chlorine					
Three comp sink #2	Chlorine					

Equipment Temperature				
Description	Temperature (Fahrenheit)			
Whirlpool RIF	20			
Whirlpool RIC	30			
Frigidaire RIF	3			
Frigidaire RIF #2	20			

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Baked Spaghetti	Cold Holding	35
Ham	Cold Holding	39
Gravy	Cold Holding	41
Raw Chicken Breast	Cold Holding	38

Observed Violations						
Total #						
Repeated # 0						
43: Coffee filters stored haphazardly on microwave next to Haier RIC						
***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: Smith's Catering Establishment Number: 605213737

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Establishment has employee illness policy
- 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.

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- 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 sources
- 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: No foods observed being cooked during inspection
- 17: (NO) No TCS foods reheated during inspection.
- 18: No foods observed being cooled or in cooling during inspection
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.

24:

- 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.

ishment Name: Smith's Catering lishment Number: 605213737 ments/Other Observations (cont'd)	
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ments/Other Observations (cont'd)	
ments/Other Observations (cont'd)	
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tional Comments (cont'd)	
last page for additional comments.	

Establishment Information							
Establishment Name: Smith's Catering							
	5213737						
Sources			1				
Source Type:	Water	Source:	City				
Course Type:	rate	000.00.	J,				
Source Type:	Food	Source:	PFG SAMS				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Additional Comments							
Three comp sinks not set	t up during inspection						