

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Yes 疑 No

O Farmer's Market Food Unit Cinco de Mayo Mexican Restaurant Remanent O Mobile Establishment Name Type of Establishment 14795 Lebanon Rd. O Temporary O Seasonal Address Old Hickory Time in 11:07; AM AM / PM Time out 11:27; AM AM / PM City 09/26/2022 Establishment # 605216034 Embargoed 0 Inspection Date ∰ Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

04

О3

Number of Seats 207

Follow-up Required

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

12	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	ı⊏	Compliance Status						R	WT		
	IN	OUT	NA	NO	Supervision				П	IN	оит	NA	NO	Cooking and Reheating of Time/Temperature			
	610	_	-		Person in charge present, demonstrates knowledge, and	_			н	""	001	001 164 160		Control For Safety (TCS) Foods			
1	氮	0			performs duties	0	0	5		123		0	0	Proper cooking time and temperatures	0	ТО	_ <u>_</u>
	IN	OUT	NA	NO	Employee Health				17	0	0	0	3%	Proper reheating procedures for hot holding		ō	1 °
2	$\mathbb{R}^{\mathbb{C}}$	0			Management and food employee awareness; reporting	0	0 0 5		ΙГ					Cooling and Holding, Date Marking, and Time as			
3	$\mathbf{x}$	0			Proper use of restriction and exclusion	0			Ш			NA	NO	a Public Health Control			
	IN	OUT	NA	NO	Good Hygienic Practices				18		0	0	涎	Proper cooling time and temperature	0	0	
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	15	13	0	0	0	Proper hot holding temperatures	0	0	1
5	X	0			No discharge from eyes, nose, and mouth	0	0	l °	20		0	0		Proper cold holding temperatures	0	0	5
		OUT	NA	NO	Preventing Contamination by Hands				2	1 🕸	0	0	0	Proper date marking and disposition	0	0	] ~
6	1	0		0	Hands clean and properly washed	0	0		27	0	l٥	×	0	Time as a public health control: procedures and records	0	0	1
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	o	5	ΙË	_	_		_		_	Ľ	ᆫ
			_	_	alternate procedures followed	-			ı⊢	IN	OUT	NA	NO	Consumer Advisory	_	_	_
-	<u> </u>	O	NA	N/A	Handwashing sinks properly supplied and accessible  Approved Source	0	0	2	23	翼	0	0		Consumer advisory provided for raw and undercooked food	0	0	4
9	×		Nex	NO	Food obtained from approved source	0	0		н	IN	ОИТ	NA	NO	1000			
10	ô	ŏ	~	3	Food received at proper temperature	ŏ			l ⊢	114	001		NO	riigiiiy ousceptible repulations	-	_	_
10	*		-	~	Food in good condition, safe, and unadulterated	ŏ	ŏ	5	24	10	0	333		Pasteurized foods used; prohibited foods not offered	0	0	5
н:			0.0		Required records available: shell stock tags, parasite			1	l ⊨						-	_	_
12	0	0	×		destruction	0	0		ш	IN	OUT	NA	NO	Chemicals			
			NA	NO	Protection from Contamination				25	0	0	3%		Food additives: approved and properly used	0		- 5
13	Ž				Food separated and protected	0	0	4	24	1	0			Toxic substances properly identified, stored, used	0	0	"
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Conformance with Approved Procedures			
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

	GOOD RETAIL PRACTICES										
OUT=not in compliance COS=corrected on-site during inspection R-repeat (violation of the same code provision)											
Compliance Status			cos	R	WT	1 🗀		Compliance Status	COS	R	WT
	OUT	Safe Food and Water					OUT	Utensiis and Equipment			
28 29		Pasteurized eggs used where required Water and ice from approved source	8	_		45	<b>3</b> 8	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
30		Variance obtained for specialized processing methods	ŏ	ŏ	1	1 1	_		+-		
	OUT		_	-	_	46	1 0	Warewashing facilities, installed, maintained, used, test strips	0	이	1
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	47	· 🕱	Nonfood-contact surfaces clean	0	0	1
"	١٧	control	l۷	١٧	*		OUT	Physical Facilities			
32	0	Plant food properly cooked for hot holding	0	0	1	48	0	Hot and cold water available; adequate pressure	0	ा	2
33	0	Approved thawing methods used	0	0	1	49	0	Plumbing installed; proper backflow devices	0	0	2
34	0	Thermometers provided and accurate	0	0	1	50	0	Sewage and waste water properly disposed	0	0	2
	OUT	Food Identification				51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
35	0	Food properly labeled; original container; required records available	0	0	1	52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
	OUT	Prevention of Feed Contamination				53	1 3%	Physical facilities installed, maintained, and clean	0	0	1
36	0	Insects, rodents, and animals not present	0	0	2	54	0	Adequate ventilation and lighting; designated areas used	0	0	1
37	86	Contamination prevented during food preparation, storage & display	0	0	1		OUT	Administrative Items			
38	0	Personal cleanliness	0	О	1	55	0	Current permit posted	0	О	
39	0	Wiping cloths; properly used and stored	0	0	1	56	0	Most recent inspection posted	0	0	ı ° ı
40	0	Washing fruits and vegetables	0	0	1	1 [			YES	NO	WT
	OUT	Proper Use of Utensils				1 🗀		Non-Smokers Protection Act		_	$\neg$
41	0	In-use utensils; properly stored	0	0	1	57		Compliance with TN Non-Smoker Protection Act	×	0	$\Box$
42		Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58	3	Tobacco products offered for sale	0	0	0
43		Single-use/single-service articles; properly stored, used	0	0		59	F	If tobacco products are sold, NSPA survey completed	0	0	ш
44	10	Gloves used properly	0	10	1	1 —					

ten (10) days of the date of th

09/26/2022

09/26/2022

Signature of Person In Charge

Date

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishme	nt Informa	tion		

Establishment Name: Cinco de Mayo Mexican Restaurant
Establishment Number #: |605216034

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 ( Fahrenhelt)			

Equipment Temperature					
Description	Temperature ( Fahrenheit)				

Food Temperature					
State of Food	Temperature (Fahrenheit)				
Cold Holding	41				
Cold Holding	41				
	Cold Holding				

Observed Violations
Total # 6
Repeated # 0
37:
42:
43:
45:
47:
53:
***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



Comments/Other Observations		
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2: Item corrected see food temps L: 2: 3: 4: 5: 5: 6: 7: 7: 8: 6: 6: 7: 7: 8: 6: 6: 7: 7: 8: 6: 6: 7: 7: 8: 6: 6: 7: 7: 8: 6: 7: 7: 7: 8: 6: 7: 7: 7: 8: 6: 7: 7: 8: 6: 7: 7: 8: 6: 7: 7: 8: 6: 7: 7: 8: 6: 7: 7: 8: 6: 7: 7: 8: 6: 7: 7: 8: 7:		
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See last page for additional comments.

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

Establishment Name: Cinco de Mayo Mexican Restaurant	
Establishment Number: 605216034	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Name: Cinco de Mayo Mexican Restaurant					
Establishment Number #: 605216034	f.				
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Sources					
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Additional Comments					

**Establishment Information**