

Establishment Name

Inspection Date

Risk Category

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Remanent O Mobile Type of Establishment

Follow-up Required

O Temporary O Seasonal

O Yes 疑 No

Time in 10:48 AM AM/PM Time out 11:51;AM AM/PM

08/14/2023 Establishment # 605161388 Embargoed 0

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other О3

Number of Seats 410

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

12	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	id		С
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	٥			Person in charge present, demonstrates knowledge, and performs duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	ЭK	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
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	巡	0		0	Hands clean and properly washed	0	0	
7	鼷	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	3%	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	黛	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- served	0	0	2

Blackman Middle Sch. Food Service

3945 Blaze Dr.

Murfreesboro

	Compliance Status			cos	R	WT		
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	黨	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	۰
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	涎	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	243	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	0	0	M		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	X		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used	0	0	۰
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

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

			GOO				
			cos				
	Compliance Status OUT Safe Food and Water 8 O Pasteurized eggs used where required 9 O Water and ice from approved source 0 O Variance obtained for specialized processing methods OUT Food Temperature Control 10 Proper cooling methods used; adequate equipment for temperature control 11 O Proper cooling methods used; adequate equipment for temperature control 12 O Plant food properly cooked for hot holding 13 O Approved thawing methods used 14 O Thermometers provided and accurate OUT Food Identification 15 O Food properly labeled; original container, required records available OUT Prevention of Food Contamination OUT Prevention of Food Contamination						
	OUT	Safe Food and Water					
28	0	Pasteurized eggs used where required	0	0	1		
29			0	0	-		
30	_		0	0	١,		
	OUT	Food Temperature Control					
31	0		0	0			
32	0	Plant food properly cooked for hot holding	0	0	Г		
33	0	Approved thawing methods used	0	0			
34	0	- 11	0	0	Т		
	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			
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	\top				
41	0	In-use utensils; properly stored	0	0	Г		
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0			
43	0	Single-use/single-service articles; properly stored, used	0	0	Г		
44	10	Gloves used properly	-	0			

pecti	on	R-repeat (violation of the same code provision		_	
		Compliance Status	cos	R	W
	OUT	Utensils and Equipment	_	_	
45	0	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	0	-
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	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
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	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	- 3%	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	

sicuous manner. You have the right to request a hi ten (10) days of the date of the 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. Control of the state of the sta

08/14/2023

08/14/2023

Signature of Person In Charge

Date

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: Blackman Middle Sch. Food Service

Establishment Number #: 605161388

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.	Т
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 (Fahrenheit)				
Sani buckets	QA	400					
Dish machine / Sink	QA	200	102.6				

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Wic	36				
Wif 1	4				
Wif 2	-8				
Hobart ric	38				

Food Temperature	State of Food	Temperature (Fahrenheit
Chicken patties wic	Cold Holding	38
Yogurt in cup ric	Cold Holding	38
Pizza cvap	Hot Holding	174
Chicken patties cvap	Hot Holding	154
Milk cartons cooler front	Cold Holding	38
Pizza tphc line	_	110
Chicken patties line tphc		124
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Number: 605161388

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Policy posted.
- 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.
- 6: Observed employees washing hands as required.
- 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 food source
- 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 cooking at the time of inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No cooling at the time of inspection.
- 19: See food temps.
- 20: See food temps.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Tphc policy used and followed as required.
- 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:

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: Blackman Middle Sch. Food Service				
Establishment Number: 605161388				
Comments/Other Observations (soutist)				
Comments/Other Observations (cont'd)				
Additional Comments (cont'd)				
See last page for additional comments.				

Establishment Information

Establishment Name: Blackman Middle Sch. Food Service							
Establishment Number #:		ood Service					
Sources							
Source Type:	Food	Source:	City				
Source Type:	Food	Source:	Iwc				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Additional Commo	ents						
A permit was poste	d.						

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