



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name W A Wright Elementary Cafeteria Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 12635 Lebanon Rd. ☐ Temporary ☐ Seasonal
City Mt. Juliet Time in 10:00 AM AM / PM Time out 10:42 AM AM / PM
Inspection Date 02/10/2022 Establishment # 605065220 Embargoed 0
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 50

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

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									
	IN	OUT	NA	NO	Supervision																								
1	☒	☐			Person in charge present, demonstrates knowledge, and performs duties					☐	☐	5																	
	IN	OUT	NA	NO	Employee Health																								
2	☒	☐			Management and food employee awareness, reporting					☐	☐	5																	
3	☒	☐			Proper use of restriction and exclusion					☐	☐																		
	IN	OUT	NA	NO	Good Hygienic Practices																								
4	☒	☐		☐	Proper eating, tasting, drinking, or tobacco use					☐	☐	5																	
5	☒	☐		☐	No discharge from eyes, nose, and mouth					☐	☐																		
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	☒	☐		☐	Hands clean and properly washed					☐	☐	5																	
7	☒	☐	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					☐	☐																		
8	☒	☐			Handwashing sinks properly supplied and accessible					☐	☐	2																	
	IN	OUT	NA	NO	Approved Source																								
9	☒	☐			Food obtained from approved source					☐	☐	5																	
10	☐	☐	☐	☒	Food received at proper temperature					☐	☐																		
11	☒	☐			Food in good condition, safe, and unadulterated					☐	☐																		
12	☐	☐	☒	☐	Required records available: shell stock tags, parasite destruction					☐	☐																		
	IN	OUT	NA	NO	Protection from Contamination																								
13	☒	☐	☐		Food separated and protected					☐	☐	4																	
14	☒	☐	☐		Food-contact surfaces: cleaned and sanitized					☐	☐	5																	
15	☒	☐			Proper disposition of unsafe food, returned food not re-served					☐	☐	2																	

Compliance Status										COS					R					WT				
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																			
16	☐	☐	☐	☒	Proper cooking time and temperatures					☐	☐	5												
17	☐	☐	☐	☒	Proper reheating procedures for hot holding					☐	☐													
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																			
18	☐	☐	☐	☒	Proper cooling time and temperature					☐	☐	5												
19	☒	☐	☐	☐	Proper hot holding temperatures					☐	☐													
20	☒	☐	☐		Proper cold holding temperatures					☐	☐													
21	☒	☐	☐	☐	Proper date marking and disposition					☐	☐													
22	☐	☐	☐	☒	Time as a public health control: procedures and records					☐	☐													
	IN	OUT	NA	NO	Consumer Advisory																			
23	☐	☐	☒		Consumer advisory provided for raw and undercooked food					☐	☐	4												
	IN	OUT	NA	NO	Highly Susceptible Populations																			
24	☐	☐	☒		Pasteurized foods used; prohibited foods not offered					☐	☐	5												
	IN	OUT	NA	NO	Chemicals																			
25	☐	☐	☒		Food additives: approved and properly used					☐	☐	5												
26	☒	☐			Toxic substances properly identified, stored, used					☐	☐													
	IN	OUT	NA	NO	Conformance with Approved Procedures																			
27	☐	☐	☒		Compliance with variance, specialized process, and HACCP plan					☐	☐	5												

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision)					Compliance Status			Compliance Status		
					OUT			OUT		
					Safe Food and Water			Utensils and Equipment		
28										
29										
30										
					Food Temperature Control			Physical Facilities		
31										
32										
33										
34										
					Food Identification			Administrative Items		
35										
					Prevention of Food Contamination			Compliance Status		
36										
37										
38										
39										
40										
					Proper Use of Utensils			Non-Smokers Protection Act		
41										
42										
43										
44										

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 02/10/2022 Signature of Environmental Health Specialist [Signature] Date 02/10/2022

**** 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: W A Wright Elementary Cafeteria
Establishment Number #: 605065220

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)
Bucket Dish machine	QA Heat	200	178

Equipment Temperature

Description	Temperature (Fahrenheit)
Wic	37
Wif	-3
Ric	40

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Chicken patty	Hot Holding	148
Tater tots	Hot Holding	138
Pinto beans	Hot Holding	146
Sliced ham	Cold Holding	40
Milk	Cold Holding	40

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: W A Wright Elementary Cafeteria

Establishment Number : 605065220

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN): An employee health policy is available.
- 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: Employee washed hands when changing gloves
- 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 source info
- 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) 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: 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: (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: (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: W A Wright Elementary Cafeteria

Establishment Number : 605065220

Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

Establishment Number #:	605065220
-------------------------	-----------

Additional Comments