



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
100

Establishment Name Kona Ice of Madison #2 Type of Establishment Farmer's Market Food Unit Permanent Mobile
 Address 3014 Melbourne Ct East Temporary Seasonal
 City Mount Juliet Time in 03:35 PM AM / PM Time out 03:51 PM AM / PM
 Inspection Date 11/03/2021 Establishment # 605254118 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 _____

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.)

Compliance Status					COS			R			WT		
IN	OUT	NA	NO										
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>					5	
Employee Health													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting	<input type="checkbox"/>	<input type="checkbox"/>					5	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>					5	
Good Hygienic Practices													
4	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>					5	
5	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>					5	
Preventing Contamination by Hands													
6	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>					5	
7	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	<input type="checkbox"/>	<input type="checkbox"/>					5	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>					2	
Approved Source													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>					5	
10	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>					5	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>					5	
12	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Required records available: shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>					5	
Protection from Contamination													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>					4	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food-contact surfaces: cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>					5	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served	<input type="checkbox"/>	<input type="checkbox"/>					2	
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods													
16	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>					5	
17	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>					5	
Cooling and Holding, Date Marking, and Time as a Public Health Control													
18	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>					5	
19	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>					5	
20	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>					5	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>					5	
22	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>					5	
Consumer Advisory													
23	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Consumer advisory provided for raw and undercooked food	<input type="checkbox"/>	<input type="checkbox"/>					4	
Highly Susceptible Populations													
24	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>					5	
Chemicals													
25	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>					5	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>					5	
Conformance with Approved Procedures													
27	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Compliance with variance, specialized process, and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>					5	

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

GOOD RETAIL PRACTICES

Compliance Status					COS			R			WT		
IN	OUT	NA	NO										
Safe Food and Water													
28	<input type="checkbox"/>	<input type="checkbox"/>			Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>					1	
29	<input type="checkbox"/>	<input type="checkbox"/>			Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>					2	
30	<input type="checkbox"/>	<input type="checkbox"/>			Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>					1	
Food Temperature Control													
31	<input type="checkbox"/>	<input type="checkbox"/>			Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>					2	
32	<input type="checkbox"/>	<input type="checkbox"/>			Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>					1	
33	<input type="checkbox"/>	<input type="checkbox"/>			Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>					1	
34	<input type="checkbox"/>	<input type="checkbox"/>			Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>					1	
Food Identification													
35	<input type="checkbox"/>	<input type="checkbox"/>			Food properly labeled; original container; required records available	<input type="checkbox"/>	<input type="checkbox"/>					1	
Prevention of Food Contamination													
36	<input type="checkbox"/>	<input type="checkbox"/>			Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>					2	
37	<input type="checkbox"/>	<input type="checkbox"/>			Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>					1	
38	<input type="checkbox"/>	<input type="checkbox"/>			Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>					1	
39	<input type="checkbox"/>	<input type="checkbox"/>			Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>					1	
40	<input type="checkbox"/>	<input type="checkbox"/>			Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>					1	
Proper Use of Utensils													
41	<input type="checkbox"/>	<input type="checkbox"/>			In-use utensils; properly stored	<input type="checkbox"/>	<input type="checkbox"/>					1	
42	<input type="checkbox"/>	<input type="checkbox"/>			Utensils, equipment and linens; properly stored, dried, handled	<input type="checkbox"/>	<input type="checkbox"/>					1	
43	<input type="checkbox"/>	<input type="checkbox"/>			Single-use/single-service articles; properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>					1	
44	<input type="checkbox"/>	<input type="checkbox"/>			Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>					1	
Utensils and Equipment													
45	<input type="checkbox"/>	<input type="checkbox"/>			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>					1	
46	<input type="checkbox"/>	<input type="checkbox"/>			Warewashing facilities, installed, maintained, used, test strips	<input type="checkbox"/>	<input type="checkbox"/>					1	
47	<input type="checkbox"/>	<input type="checkbox"/>			Nonfood-contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>					1	
Physical Facilities													
48	<input type="checkbox"/>	<input type="checkbox"/>			Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>					2	
49	<input type="checkbox"/>	<input type="checkbox"/>			Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>					2	
50	<input type="checkbox"/>	<input type="checkbox"/>			Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>					2	
51	<input type="checkbox"/>	<input type="checkbox"/>			Toilet facilities: properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>					1	
52	<input type="checkbox"/>	<input type="checkbox"/>			Garbage/refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>					1	
53	<input type="checkbox"/>	<input type="checkbox"/>			Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>					1	
54	<input type="checkbox"/>	<input type="checkbox"/>			Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>					1	
Administrative Items													
55	<input type="checkbox"/>	<input type="checkbox"/>			Current permit posted	<input type="checkbox"/>	<input type="checkbox"/>					0	
56	<input type="checkbox"/>	<input type="checkbox"/>			Most recent inspection posted	<input type="checkbox"/>	<input type="checkbox"/>					0	
Compliance Status													
											YES	NO	WT
Non-Smokers Protection Act													
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Compliance with TN Non-Smoker Protection Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0	
58	<input type="checkbox"/>	<input type="checkbox"/>			Tobacco products offered for sale	<input type="checkbox"/>	<input type="checkbox"/>					0	
59	<input type="checkbox"/>	<input type="checkbox"/>			If tobacco products are sold, NSPA survey completed	<input type="checkbox"/>	<input type="checkbox"/>					0	

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 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

Signature of Person In Charge [Signature] Date 11/03/2021 Signature of Environmental Health Specialist [Signature] Date 11/03/2021

**** 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:	Kona Ice of Madison #2
Establishment Number #:	605254118

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)

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)



Establishment Information

Establishment Name: Kona Ice of Madison #2

Establishment Number : 605254118

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: (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 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Ice on mobile unit during inspection
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 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: Kona Ice of Madison #2

Establishment Number : 605254118

Comments/Other Observations (cont'd)

Additional Comments (cont'd)

See last page for additional comments.

Establishment Information

Establishment Name: Kona Ice of Madison #2

Establishment Number #: 605254118

Sources

Source Type:	Water	Source:	City
Source Type:	Food	Source:	Kona ice, home city ice
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments

Mobile unit not operating during inspection