

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Neelys Bend Elm 595 Remanent O Mobile Establishment Name Type of Establishment 1300 Neelys Bend Rd. O Temporary O Seasonal Address Madison Time in 10:15 AM AM / PM Time out 11:05: AM AM / PM City 11/15/2023 Establishment # 605040678 Embargoed 0 Inspection Date

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other Number of Seats 125 Risk Category О3 04 Follow-up Required O Yes 疑 No

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

s (IN, OUT, NA, NO) for a

IN	<b>#</b> in ¢	compliance OUT=not in compliance NA=not applicable NO=not observed				COS   R   WT     IN   OUT   NA   NO     O   O   O   O   O   O   O   O								
					Compliance Status	COS	R	WT						
	IN	OUT	NA	NO	Supervision				П	IN	оит	NA	NO	П
1	M	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	1	6 0	0	300	0	Pr
	IN	OUT	NA	NO	Employee Health						ŏ	õ	×	Pr
2	700	0			Management and food employee awareness; reporting	0	0	$\overline{}$	1 1					C
3	寒	0			Proper use of restriction and exclusion	0	0	5	ш	IN	OUT	NA	NO	ľ
	IN	OUT	NA	NO	Good Hygienic Practices				1 1	B	0	0	0	Pr
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0		1	9 🚖	0	0	0	Pr
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	l °	2	0 25	0	0		Pτ
	IN	OUT	NA	NO	Preventing Contamination by Hands				2	1 🕸	0	0	0	Pr
6	1	0		0	Hands clean and properly washed	0	0		l [2	2 0		922	_	Ti-
7	級	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	ŀ	_	_		_	
8	X	0			Handwashing sinks properly supplied and accessible	0	0	2	ΙĘ	10		912		C
	IN	OUT	NA	NO	Approved Source				ľ	1 0	Ľ			for
9	黨	0			Food obtained from approved source	0	0		ш	IN	OUT	NA	NO	
10	0	0	0	×	Food received at proper temperature				ΙG	4	$\overline{}$	912		Ь.
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	ΙĽ	•	ľ	(40)		ľ
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	OUT	NA	NO	Г
	IN	OUT	NA	NO	Protection from Contamination							3%		F
13	0	0	黨		Food separated and protected	0	0	4	2	6 8	0			To
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	2	7 0	0	×		

					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	200	Proper reheating procedures for hot holding	0	0	Ľ
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	×	0	0	0	Proper cooling time and temperature	0	0	
19	-	0	0	0	Proper hot holding temperatures	0	0	1 1
20		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	333		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25		0	3%		Food additives: approved and properly used	0	0	5
26	0.0	0			Toxic substances properly identified, stored, used	0	0	
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	冥		Compliance with variance, specialized process, and HACCP plan	0	0	5

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

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mori	_		_
28	0	Pasteurized eggs used where required	0	0	1
29	0		0	0	
30	0	Variance obtained for specialized processing methods	0	0	1
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	:
32	0	Plant food properly cooked for hot holding	0	0	r
33	0	Approved thawing methods used	0	0	7
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	ŀ
	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	ŀ
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			Π
41	0	In-use utensils; properly stored	0	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0		0	0	r

pecti	on	R-repeat (violation of the same code provision)			
		Compliance Status	COS	R	W
	OUT	Utensiis 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	-
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	- X	0	
58		Tobacco products offered for sale	0	0	
59		If tobacco products are sold, NSPA survey completed	0	0	

(10) days of the date of the Chruhu M. Hallo

11/15/2023

11/15/2023

Signature of Person In Charge

Date Signa

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: Neelys Bend Elm 595
Establishment Number #: |605040678

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-enciosed 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)						
3 compartment sink not yet set	QA								

Equipment Temperature							
Description	Temperature ( Fahrenheit)						
True milk reach in cooler 1	37						
True milk reach in cooler 2	40						
2 door victory reach in cooler at expo line	35						
Walk in cooler	36						

Food Temperature						
State of Food	Temperature ( Fahrenheit)					
Hot Holding	159					
Hot Holding	161					
Cooling	52					
Hot Holding	157					
Hot Holding	148					
Hot Holding	174					
Cold Holding	37					
Cooling	43					
	Hot Holding Hot Holding Cooling Hot Holding Hot Holding Hot Holding Cold Holding					

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



## Establishment Information

Establishment Name: Neelys Bend Elm 595

Establishment Number: 605040678

## Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Employee illness policy posted outside office and reviewed.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.

⊿.

- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Observed proper hand washing
- 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. No unapproved sources discovered during inspection.
- 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: No raw food served at time of inspection.
- 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 of raw food done,
- 17: (NO) No TCS foods reheated during inspection.
- 18: Observed proper cooling of panned hash brown and salad made this morning.
- 19: Observed proper hot holding during inspection.
- 20: Observed proper cold holding
- 21: Observed proper date marking
- 22: Blue stickers used and log properly filled out during 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: Smoking is not observed where smoking is prohibited by the Act.
- 58: No tobacco products offered for sale.

## Additional Comments

See last page for additional comments.

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

<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: Neelys Bend Elm 595 Establishment Number: 605040678	
Comments/Other Observations (cont'd)	
outilities out of the contraction of the contractio	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Information								
	eelys Bend Elm 595							
Establishment Number #:	605040678							
Sources								
Source Type:	Water	Source:	Metro/municipal					
Source Type:	Food	Source:	IWC					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Comme	nts							
	orage of utensil in cups		ricing as dead pests in one trap observed. food contact surface. Paper towel stock					