

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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O Farmer's Market Food Unit MTSU Murphy Concession # 4 Remanent O Mobile Establishment Name Type of Establishment 1301 E Main St O Temporary O Seasonal Murfreesboro Time in 10:45 AM AM / PM Time out 11:00; AM

01/25/2023 Establishment # 605195070 Embargoed 0 Inspection Date

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

O3

Risk Category 04 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

status (IN, OUT, HA, HO) for each numb

| | N=in | con | nplie | noe | | OUT=not in compliance NA=not applicable NO=not observe | ed | | CC |)\$=cc | rrecte | d on-si | te duri | ing ins | pection R=repeat (violation of the same code provis | | |
|----|------|-------|-------|------|-----|---|-----|-----|----|----------|--------|---------------|---------|---------|---|--|--|
| | | | | | | Compliance Status | COS | R | WT | | | | | | Compliance Status | | |
| | IN | 0 | UT | NA | NO | Supervision | | | | | IN | оит | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | |
| 1 | 120 | 8 6 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | 16 | 0 | 0 | 0 | 97 | Proper cooking time and temperatures | | |
| | IN | 10 | UT | NA | NO | Employee Health | - | | | 17 | _ | ŏ | ŏ | | Proper reheating procedures for hot holding | | |
| 2 | | 94- | 0 | | | Management and food employee awareness; reporting | 0 | 0 | | | | | | | Cooling and Holding, Date Marking, and Time as | | |
| 3 | M | 8 | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | | IN | OUT | NA | NO | a Public Health Control | | |
| | IN | 0 | UT | NA | NO | Good Hygienic Practices | | | | 18 | 0 | 0 | 0 | 涎 | Proper cooling time and temperature | | |
| 4 | 0 | | 0 | | X | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 15 | | 0 | 0 | 文 | Proper hot holding temperatures | | |
| 5 | _ | _ | 0 | | | No discharge from eyes, nose, and mouth | 0 | 0 | | 20 | 125 | 0 | 0 | | Proper cold holding temperatures | | |
| | IN | - | - | NA | 200 | Preventing Contamination by Hands | | | | 21 | 0 | 0 | 0 | 24 | Proper date marking and disposition | | |
| 6 | 0 | ' ' | 의 | | 200 | Hands clean and properly washed | 0 | 0 | | 22 | 0 | 0 | × | 0 | Time as a public health control: procedures and records | | |
| ١, | Ιo | ıl، | o١ | 0 | 500 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | lol | 5 | | _ | _ | | _ | | | |
| - | 1 | | _ | | - | | - | - | _ | \vdash | IN | OUT | NA | NO | Consumer Advisory | | |
| 8 | | | 읶 | NΔ | NO | Handwashing sinks properly supplied and accessible Approved Source | 0 | 0 | 2 | 23 | 0 | 0 | × | | Consumer advisory provided for raw and undercooked food | | |
| 9 | - | _ | õ | Tex. | 110 | Food obtained from approved source | 0 | 0 | | Н | IN | OUT | NA | NO | Highly Susceptible Populations | | |
| 10 | 0 | i i | 0 | 0 | 38 | Food received at proper temperature | 0 | 0 | | 1 | | $\overline{}$ | 912 | | Parataural and for a decrease and his hard for a decrease officer of | | |
| 11 | 12 | 8 0 | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 | 24 | 0 | 0 | 333 | | Pasteurized foods used; prohibited foods not offered | | |
| 12 | 0 | 1 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | | IN | оит | NA | NO | Chemicals | | |
| | _ | _ | | NA | NO | Protection from Contamination | | | | 25 | | 0 | -XX | | Food additives: approved and properly used | | |
| 13 | 1 50 | 1 | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | 26 | 黨 | 0 | | | Toxic substances properly identified, stored, used | | |
| 14 | 100 | 6 | ा | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | | IN | OUT | NA | NO | Conformance with Approved Procedures | | |
| 15 | M | 1 | 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 | | |

Good Retail Practices are preals, and physical objects into fo

| | | | GOO | | |
|----|-----|--|-----|---|----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | COS | R | WT |
| | OUT | Caro rocc and comes | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | Water and ice from approved source | 0 | 0 | 2 |
| 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 | 2 |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | 1 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | 1 |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | 2 |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | 1 |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | 1 |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | 1 |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | 1 |
| 42 | ō | Utensils, equipment and linens; properly stored, dried, handled | O | ō | 1 |
| 43 | 0 | | 0 | 0 | 1 |
| 44 | | Gloves used properly | ŏ | Ö | - |

| pecti | on | R-repeat (violation of the same code provision | | _ | | | | |
|-------|-------------------------|---|------|----|-----|--|--|--|
| | | Compliance Status | cos | R | W | | | |
| | OUT | Utensils and Equipment | Щ. | _ | _ | | | |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | 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 | | | | |

icuous manner. You have the right to request a hearing rega n ten (10) days of the date of th 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

01/25/2023

Date Signature of Environmental Health Specialist

01/25/2023

Signature of Person In Charge

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 Name: MTSU Murphy C | | | | |
|--|-------------------------------|--------------------------|------------------------|---------|
| Establishment Number # [605195070 | | | | |
| | | | | |
| NSPA Survey – To be completed if | | | | |
| Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older. | | | | |
| Age-restricted venue does not require each per | rson attempting to gain entry | to submit acceptable for | orm of identification. | |
| "No Smoking" signs or the international "Non-S | moking" symbol are not cons | picuously posted at ev | ery entrance. | |
| Garage type doors in non-enclosed areas are r | not completely open. | | | |
| Tents or awnings with removable sides or vent | s in non-enclosed areas are r | not completely remove | d or open. | |
| Smoke from non-enclosed areas is inflitrating in | nto areas where smoking is p | rohibited. | | |
| Smoking observed where smoking is prohibited | d by the Act. | | | |
| | | | , | |
| Warewashing Info | 1 - 4 - | | 1 = 1 | a efe |
| Machine Name | Sanitizer Type | PPM | Temperature (Fahr | enhelt) |
| 3 comp sink not set up | QA | | | |
| | | | | |
| Equipment Temperature | | | | |
| Equipment Temperature | | | Temperature (Fahr | enheif) |
| Description | | | Temperature (Fahr | enhelt) |
| | | | Temperature (Fahr | enheit) |
| Glass cooler | | | | enheit) |
| Glass cooler Food Temperature | | State of Food | 37 | • |
| Glass cooler | | State of Food | | • |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: MTSU Murphy Concession # 4

Establishment Number: 605195070

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.
- 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
- 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: (NO) TCS food is not being held hot during inspection.
- 20: No tcs foods held during inspection.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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.

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***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 Name: MTSU Murphy Concession # 4 | |
|--|--|
| Establishment Number: 605195070 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
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Establishment Information

| Establishment Information | | | | | | | | |
|---------------------------|-----------------------|---------|-------|--|--|--|--|--|
| | TSU Murphy Concession | on # 4 | | | | | | |
| Establishment Number # | 605195070 | | | | | | | |
| | | | | | | | | |
| Sources | | | | | | | | |
| Source Type: | Food | Source: | Sysco | | | | | |
| Source Type: | Water | Source: | City | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Additional Comme | nts | | | | | | | |
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