

Risk Category

### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit The Ice Box Mobile Permanent O Mobile Establishment Name Type of Establishment 110 Jennings Dr O Temporary O Seasonal Address Hendersonville Time in 10:00 AM AM / PM Time out 10:30; AM AM / PM City 04/19/2024 Establishment # 605319460 Embargoed 0 Inspection Date O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

О3

Follow-up Required

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

112	IN-in compliance OUT-not in compliance NA-not applicable NO-not observe					id		0
	Compliance Status				cos	R	WT	
	IN	OUT	NA	NO	Supervision			
1	Ħ	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	TXC	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	100	0		0	Hands clean and properly washed	0	0	
7	េ	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	嵩	0			Food obtained from approved source	0	0	
10	0	0	0	×	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	0	0	1		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re-	0	0	2

Compliance Status							R	WT
	IN OUT NA NO Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods							
16	0	0	0	寒	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	٠
	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	文	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	335		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	菜	0			oxic substances properly identified, stored, used		0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

O Yes 疑 No

### s, chemicals, and physical objects into foods.

	OUT-not in compliance COS-come Compliance Status					
	cos	R	WT			
	OUT					
28	_	Pasteurized eggs used where required	0	0	1	
29		Water and ice from approved source	0	0	2	
30		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	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	
43	0	Single-use/single-service articles; properly stored, used	0	0	1	
44	10	Gloves used properly	0	0	- 1	

pecti		R-repeat (violation of the same code provision Compliance Status	COS	R	W
	1				
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	
47	0	Nonfood-contact surfaces clean	0	0	
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	- 7
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	٠
53	0	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	Т		
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	- 100	0	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

You have the right to request a hi n ten (10) days of the date of th DJW~Q

omors Signature of Person In Charge 04/19/2024 Date Signature of Environmental Health Specialist 04/19/2024

\*\*\*\* Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice \*\*\*\*

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629 ) 6152061100 Please call ( to sign-up for a class.

Date

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



Establishment Inf	formation	
Establishment Name:	The Ice Box Mobile	
Establishment Number	<b>605319460</b>	

ı	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.	
ı	Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	
ı	"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	
ı	Garage type doors in non-enclosed areas are not completely open.	
I	Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
I	Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
I	Smoking observed where smoking is prohibited by the Act.	

Warewashing Info						
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenhelt)			
3 comp sink	Bleach	50				

Equipment Temperature							
Description	Temperature ( Fahrenheit)						
Ric	35						
Rif	0						

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)

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



#### Establishment Information

Establishment Name: The Ice Box Mobile Establishment Number: 605319460

### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Health policy on file
- 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 good handwashing
- 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
- 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: NA
- 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: (NO) No TCS foods reheated during inspection.
- 18: NA
- 19: (NA) Establishment does not hot hold TCS foods.
- 20:
- 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.

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

Additional Comments (cont'd)  Additional Comments (cont'd)  See last page for additional comments.	Establishment Name: The Ice Box Mobile	
Additional Comments (cont'd)		
Additional Comments (cont'd)		
	Comments/Other Observations (cont'd)	
	Additional Comments (cont'd)	
see last page for additional comments.		
	dee last page for additional comments.	

Establishment Information

Establishment Information							
Establishment Name: The Ice Box Mobile							
Establishment Number #:	605319460						
Sources							
Source Type:	Water	Source:	City				
Source Type:	Food	Source:	Gold medal, kroger				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Additional Comme	nts						