

Establishment Name

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

LOS CABOS OF GERMANTOWN

Type of Establishment

O Farmer's Market Food Unit Remanent O Mobile

2037 EXETER SUITE #2 Address

O Temporary O Seasonal

Germantown City

Time in 01:45 PM AM / PM Time out 02:30: PM AM / PM

09/25/2023 Establishment # 605302614 Inspection Date

Embargoed 000

 Routine Purpose of Inspection

日本 Follow-up

O Complaint O Preliminary

O Consultation/Other Follow-up Required

O Yes 疑 No

Number of Seats 120

О3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

115	IN-in compliance OUT-not in compliance NA-not applicable NO-not observe				ed		C	
	Compliance Status						R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	$\exists x$	0			Management and food employee awareness; reporting	0	0	
3	×	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	*	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	l °
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	100	0		0	Hands clean and properly washed	0	0	
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×				Handwashing sinks properly supplied and accessible	0	0	2
		OUT	NA	NO	Approved Source			
9	黨	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		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

	Compliance status COS K 1						** 1	
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	200	Proper reheating procedures for hot holding	0	0	,
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	涎	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	245	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	Highly Susceptible Populations		
24	氮	0	0		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		Food additives: approved and properly used	0	0	5
26	X	0			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

s to control the introduction of pathogens, chemicals, and physical objects into foods.

PRACTICES

			G	D R	3/
		OUT=not in compliance COS=com			
		Compliance Status	cos	R	W
	OUT	Safe Food and Water			
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	×	Food properly labeled; original container, required records available	0	0	1
	OUT	Prevention of Feed Contamination			
36	0	Insects, rodents, and animals not present	0	0	2
37	885	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	1200	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	0	Gloves used properly	0	0	1

Compliance Status COS							
	OUT	Utensils and Equipment					
45	麗	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1		
46	題	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	2%	Physical facilities installed, maintained, and clean	0	0	1		
54	0	Adequate ventilation and lighting; designated areas used	0	0	1		
	OUT	Administrative Items	Т				
55	類	Current permit posted	0	0	T (
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	×	١		
59		If tobacco products are sold, NSPA survey completed	0	0			

a conspicuous manner. You have the right to request a hearing reg , 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. n (10) days of the date of the

09/25/2023

Date Signature of Environmental Health Specialist

09/25/2023

**** 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.) 9012229200 Please call (to sign-up for a class.

RDA 629

Date

Signature of Person In Charge

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: LOS CABOS OF GERMANTOWN

Establishment Number #: 605302614

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

Warewashing Info				
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenhelt)	
	I		l	

Equipment Temperature			
escription	Temperature (Fahrenheit		

Food Temperature	Food Temperature			
Description	State of Food	Temperature (Fahrenheit)		
Sliced tomatoes	Cold Holding	38		
Mushrooms	Cold Holding	43		
Chicken	Cold Holding	43		
Steak	Cold Holding	43		
Sausage	Cold Holding	43		
Pork	Cold Holding	43		
Shrimp	Cold Holding	42		
Veggie mix	Cold Holding	42		

Observed Violations
Total # 7
Repeated # ()
35: Food containers are not labeled to its contents. Please label all food
containers according to its contents.
37: Plates are observed in containers of RTE (ready to eat) foods in walk-in refrigerator. Food containers underneath serving line are uncovered. Foods and food containers are uncovered in both reach-in coolers. Please remove plates from RTE food containers. Use once, and then wash, rinse, and sanitize utensils after each use. Please cover all foods in storage. Boxes are on the floor in the freezer. Please place all boxes on shelves. 42: Plates and serving dishes are being stored upright. Please invert all dishes on serving line.
45: There is blood on the floor in the walk-in freezer. Please clean floor in the walk-in freezer.
46: Test strips are not available at the dishwasher. Please provide test strips for the dishwasher.
53: There are missing tiles underneath dry storage containers on shelf and in front of walk-in refrigerator. There is one missing tile underneath hand washing sink and there is water on the floor. Please repair floor and keep floor dry. 55: Permit has expired. Please renew for 2024 cycle.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Name: LOS CABOS OF GERMANTOWN

Establishment Information



Establishment Number: 605302614
Comments/Other Observations
2:
3:
4:
5:
6: 7.
∤7. 8·
1: 2: 3: 4: 5: 6: 7: 8:
10: (NO): No food received during inspection.
11:
12: (NA) Shell stock not used and parasite destruction not required at this establishment.
13: 14: Violation corrected. Cutting boards have been replaced. Please continue to replace cutting boards as needed to avoid
deep stains and deep grooves.
15:
16:
17:
18: 19:
20: Violation corrected. Food temperatures have improved. Food temperatures were observed at 43 degrees for several
foods. Please continue to maintain cold foods at 41 degrees or below. Please service or replace cooler to ensure cold
holding foods are at 41 degrees or below.
21: Violation corrected. Date marking system is correct and adequate. Discard dates are available for all eligible items.
Please continue to implement proper date marking that must include discard dates. Do not exceed 7 days.
22: 23: Violation corrected. New menus have not been ordered yet. New menus will be available next month. A markup or
rough draft has been presented to understand knowledge of consumer advisory requirements via menu.
24:
25:
26:
27: 67:
\mathfrak{I}^{\prime} .
2:
3:
4:
5:
25: 26: 27: 57: 1: 2: 3: 4: 5: 6: 7:
7. 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 Name: LOS CABOS OF GERMANTOWN					
Establishment Number: 605302614					
Establishment Number: 605302614 Comments/Other Observations (cont'd) 3: 4: 5:					
p. 1:					
5:					
Additional Comments (cont'd)					
See last page for additional comments.					

Establishment Information

Establishment Information					
Establishment Name: LOS CABOS OF GERMANTOWN					
Establishment Number #: 605302614	1				
Sources					
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Additional Comments					
Containers have been covered be the floor. Violation 45 has been c	Labeling of foods has greatly improved. Violation 37 has been corrected. elow steam table. Foods are covered in walk-in units, and there ar no boxes on orrected. There is no blood on the floor in the walk-in freezer. Violation 46 has vailable at the dishwasher. Manager has been informed that the chlorine he dishwasher.				