

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

O Farmer's Market Food Unit **Dream Events & Catering** Remanent O Mobile Establishment Name Type of Establishment 200 Hill Avenue O Temporary O Seasonal Address Nashville Time in 01:30 PM AM / PM Time out 02:10: PM AM / PM City 05/02/2023 Establishment # 605245738 Embargoed 0 Inspection Date ₩ Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Risk Category O1 🕱 O3 O4 Follow-up Required O Yes 🕱 No Number of Seats

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.

II!	4 =in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		Ö
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	٥			erson in charge present, demonstrates knowledge, and erforms duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	ЭK	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	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	·
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	١ ٠
	IN	OUT	NA	NO	Proventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	氮	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	黨	0			Food obtained from approved source	0	0	
10	×	0	0	0	Food received at proper temperature	0	0	1
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	黛	0	0		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- served	0	0	2

					Compliance Status	cos	R	WT
	IN	оит	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	300	Proper reheating procedures for hot holding	0	0	۰
	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	
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	氮	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	336		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	3%		Food additives: approved and properly used	0	0	5
26	黨	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

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

L PRACTICES

			GOO		
		OUT=not in compliance COS=corr			
		Compliance Status	COS	R	W
	OUT				_
28	_	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	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		Gloves used properly	0	Ö	-

specti	ion	R-repeat (violation of the same code provision			
		Compliance Status	cos	R	WT
	OUT	Utensils 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 O		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	3%	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	0	Current permit posted	ि	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	WT
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	0	W.	
58		Tobacco products offered for sale	0		
59		If tobacco products are sold, NSPA survey completed	0	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 heards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit 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, 68-14-716, 68-14-715, 68-14-715, 68-14-716, 4-5-329.

Signature of Person in Charge

05/02/2023

Date Signature of Environmental Health Specialist

05/02/2023

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

PH-2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department.
Please call () 6153405620 to sign-up for a class.

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information							
Establishment Name: Dream Events & Catering							
Establishment Number #: 605245738							
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	son attempting to gain entry	to submit acceptable form	of identification.				
"No Smoking" signs or the international "Non-S	moking" symbol are not cons	picuously posted at every	entrance.				
Garage type doors in non-enclosed areas are n	ot completely open.						
Tents or awnings with removable sides or vents	in non-enclosed areas are r	not completely removed o	r open.				
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.					
Smoking observed where smoking is prohibited	by the Act.						
Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)			
		•	•				
Equipment Temperature							
Description			Temperature (Fahr	renhelt)			
Food Temperature							
Description		State of Food	Temperature (Fahr	renhelt)			
			I				
			l .				

Observed \	Violations
Total #	
Repeated #	0
53:	
""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: Dream Events & Catering

Establishment Information



Establishment Number: 605245738
C
Comments/Other Observations
1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: (IN) All food was in good, sound condition at time of inspection. 12: 13: 14: 15: 16: 17: 18: 19: 20:
2:
3:
4:
5. 6:
0. 7·
7. 8·
9·
10:
11: (IN) All food was in good, sound condition at time of inspection.
12:
13:
14:
15 :
16 :
17:
18: 40:
19: 20:
20. 21: Person In Charge embargoed all out of date products and is addressing datemarking with staff. 3rd repeat paperwork
given out at routine inspection
22:
23:
24:
25:
26: (IN) All poisonous or toxic items are properly identified, stored, and used.
27:
22: 23: 24: 25: 26: (IN) All poisonous or toxic items are properly identified, stored, and used. 27: 28: (IN) Smoking signs or the international "No Smoking" symbol are not conspicuously posted at every entrance.
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: Dream Events & Catering				
Establishment Number: 605245738				
Comments/Other Observations (cont'd)				
Additional Comments (contin				
Additional Comments (cont'd)				
See last page for additional comments.				

Establishment Information

Establishment Name: Dream Events & Catering							
Establishment Number #: 605245738							
Sources							
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							
All critical violations have been corrected.							

Establishment Information