



TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
99

Establishment Name: Neon Kitchen
Address: 509 S Broadway
City: Portland
Inspection Date: 11/22/2023
Time in: 02:40 PM
Time out: 03:26 PM
Risk Category: 03
Number of Seats: 16

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

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.)

Table with 2 main columns: Compliance Status and COS R WT. Sub-headers include Supervision, Employee Health, Good Hygienic Practices, Preventing Contamination by Hands, Approved Source, Protection from Contamination, Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods, Cooling and Holding, Date Marking, and Time as a Public Health Control, Consumer Advisory, Highly Susceptible Populations, Chemicals, and Conformance with Approved Procedures.

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

GOOD RETAIL PRACTICES

Table with 2 main columns: Compliance Status and COS R WT. Sub-headers include Safe Food and Water, Food Temperature Control, Food Identification, Prevention of Food Contamination, Proper Use of Utensils, Utensils and Equipment, Physical Facilities, Administrative Items, and Non-Smokers Protection Act.

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.

Signature of Person In Charge: [Signature] Date: 11/22/2023
Signature of Environmental Health Specialist: [Signature] Date: 11/22/2023

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: Neon Kitchen
 Establishment Number #: 605309854

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.
- 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.
- Garage 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-enclosed 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 (Fahrenheit)
3 comp sink not set up			

Equipment Temperature

Description	Temperature (Fahrenheit)
Reach in cooler	39
Fridge	36
Freezer	-6
Prep cooler	33

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Lasagna	Hot Holding	145
Soup	Hot Holding	144
Alfredo	Hot Holding	146
Chicken	Cold Holding	40
Meatballs	Cold Holding	40
Pasta noodles 5 hrs	Cooling	43

Observed Violations

Total # 1

Repeated # 0

35: Food containers in reach in cooler not labeled.



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Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Illness policy available.
- 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: Good hand washing observed.
- 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 list
- 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: Discussed ware washing.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: No cooking performed during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Pasta noodles in cooler has been cooling for 5 hours and is 43°.
- 19: Hot food held at proper temps.
- 20: Cold food held at proper temps.
- 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.

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

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Comments/Other Observations (cont'd)

Additional Comments (cont'd)

See last page for additional comments.

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Sources

Source Type: Water Source: City

Source Type: Food Source: Sams, sysco, pfg

Source Type: Source:

Source Type: Source:

Source Type: Source:

Additional Comments