



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

91

Establishment Name PARTY FOWL DONELSON Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 2620 LEBANON PK ☐ Temporary ☐ Seasonal
City Nashville Time in 01:50 PM AM / PM Time out 02:40 PM AM / PM
Inspection Date 11/09/2023 Establishment # 605255677 Embargoed 0
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☒ Yes ☐ No Number of Seats 325

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.)

IN=in compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)								
Compliance Status										COS			R		WT		Compliance Status										COS			R		WT	
	IN	OUT	NA	NO	Supervision											IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="checkbox"/>	<input type="checkbox"/>		5	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures					<input type="checkbox"/>	<input type="checkbox"/>		5						
	IN	OUT	NA	NO	Employee Health										17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding					<input type="checkbox"/>	<input type="checkbox"/>							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control														
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion					<input type="checkbox"/>	<input type="checkbox"/>			18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperature					<input type="checkbox"/>	<input type="checkbox"/>		5						
	IN	OUT	NA	NO	Good Hygienic Practices										19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use					<input type="checkbox"/>	<input type="checkbox"/>		5	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No discharge from eyes, nose, and mouth					<input type="checkbox"/>	<input type="checkbox"/>			21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition					<input type="checkbox"/>	<input type="checkbox"/>								
	IN	OUT	NA	NO	Preventing Contamination by Hands										22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records					<input type="checkbox"/>	<input type="checkbox"/>							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Consumer Advisory														
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input type="checkbox"/>	<input type="checkbox"/>			23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consumer advisory provided for raw and undercooked food					<input type="checkbox"/>	<input type="checkbox"/>		4						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible					<input type="checkbox"/>	<input type="checkbox"/>		2		IN	OUT	NA	NO	Highly Susceptible Populations														
	IN	OUT	NA	NO	Approved Source										24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered					<input type="checkbox"/>	<input type="checkbox"/>		5					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Chemicals														
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature					<input type="checkbox"/>	<input type="checkbox"/>			25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>		5						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated					<input type="checkbox"/>	<input type="checkbox"/>			26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used					<input type="checkbox"/>	<input type="checkbox"/>								
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction					<input type="checkbox"/>	<input type="checkbox"/>			IN	OUT	NA	NO	Conformance with Approved Procedures															
	IN	OUT	NA	NO	Protection from Contamination										27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan					<input type="checkbox"/>	<input type="checkbox"/>		5					
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food separated and protected					<input type="checkbox"/>	<input type="checkbox"/>		4																				
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized					<input type="checkbox"/>	<input type="checkbox"/>																						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served					<input type="checkbox"/>	<input type="checkbox"/>		2																				

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



Establishment Information

Establishment Name: PARTY FOWL DONELSON
Establishment Number #: 605255677

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)
Low temperature dishwasher	Chlorine	100	

Equipment Temperature

Description	Temperature (Fahrenheit)
Reach In freezer	-8
Prep cooler	37
#2 prep cooler	38
Low boy cooler	37

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Rice ball in prep cooler	Cold Holding	40
Chicken in prep cooler	Cold Holding	38
Chicken under heat lamp	Hot Holding	158
Chicken	Cooking	192
Mac and cheese on steam table	Hot Holding	150
Shredded chicken on steam table	Hot Holding	150
Cooked potatoes in #2 prep cooler	Cold Holding	38
Sliced tomatoes in #2 prep cooler	Cold Holding	40
Lettuce in #2 prep cooler	Cold Holding	38
Smoked chicken dip in #3 prep cooler	Cold Holding	38
Diced tomatoes in #3 prep cooler	Cold Holding	40
Boiled eggs in #3 prep cooler	Cold Holding	41
Boiled eggs in low boy cooler	Cold Holding	40
Diced tomatoes in low boy cooler	Cold Holding	39
Rice in walk in cooler	Cold Holding	40

Observed Violations

Total # 7

Repeated # 0

13: Raw shelled eggs were stored above cooked eggs in walk in cooler.

Corrective action, proper vertical storage of raw and ready to eat food was discussed. Person in charge moved raw eggs to the bottom shelf.

34: There is no thermometer in #3 prep cooler

42: Wet nesting of dishes stored on clean racks in front of 3 compartment sink.

43: To go plates in the back area were not upside down.

46: Chemical test strips were not available

47: Excessive food build up on can opener

47: Excessive grease build up above grill in the kitchen area

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Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: An employee health policy is 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: 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: Next page
- 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.
- 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: Check temperature log
- 17: (NO) No TCS foods reheated during inspection.
- 18: Person in charge demonstrates knowledge
- 19: Check temperature log
- 20: Check temperature log
- 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:	Food	Source:	Sysco, pfg and creation gardens
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments