

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Yes 疑 No

COS R WT

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O Farmer's Market Food Unit Cumberland Canteen Indoor Bar Remanent O Mobile Establishment Name Type of Establishment 450 Cherokee Dock Rd O Temporary O Seasonal Address Lebanon Time in 03:00 PM AM/PM Time out 03:15: PM AM/PM City 06/09/2023 Establishment # 605319354 Embargoed 0 Inspection Date O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

ase Control and Preve

Follow-up Required

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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

m (IN, OUT, NA, HO) for

	N=in o	compli	iance		OUT=not in compliance NA=not applicable NO=not observe	ed		0)\$=c	orrecte	id on-si	te dur	ing ins	spection R*repeat (violation of the same code provi		
					Compliance Status	cos	R	WT	I⊏					Compliance Status		
	IN	OUT	UT NA	NO	Supervision					IN	оит	NA	NO	Cooking and Reheating of Time/Temperature		
T	. 89 .		_	_	Person in charge present, demonstrates knowledge, and	_			ш	"	001	160	100	Control For Safety (TCS) Foods		
l٦	1 図 0			performs duties	0	이이		10	6 0	0	黨	0	Proper cooking time and temperatures			
			Employee Health				17	7 0	0	300	0	Proper reheating procedures for hot holding				
2	DK.	0			Management and food employee awareness; reporting	0	0		П	T				Cooling and Holding, Date Marking, and Time as		
3	×	0			Proper use of restriction and exclusion	0	0	٥		IN	OUT	NA	NO	a Public Health Control		
	IN	OUT	NA	NO	Good Hygienic Practices				18	8 0	0	X	0	Proper cooling time and temperature		
4	0	0			Proper eating, tasting, drinking, or tobacco use	0	0		15	_	0	文	0	Proper hot holding temperatures		
5	0	0	1		No discharge from eyes, nose, and mouth	0	0	L.	20	_	0	36		Proper cold holding temperatures		
	IN OUT NA NO Preventing Contamination by Hands					2	H O O W O Proper date marking and disposition		Proper date marking and disposition							
6	0	0			Hands clean and properly washed	0	0		2	2 0	l٥	×	0	Time as a public health control: procedures and records		
7	0	0	0	×	No bare hand contact with ready-to-eat foods or approved	0	0	5	Ľ		_		_			
Ŀ	L		_	_~	alternate procedures followed	_				IN	OUT	NA	NO	Consumer Advisory		
8	186			T LUB	Handwashing sinks properly supplied and accessible	0	0	2	2:	3 0	ΙoΙ	M		Consumer advisory provided for raw and undercooked		
	_	-	NA	NO		-	0 0			_	-			food		
9	黨	0			Food obtained from approved source	0	0		ш	IN	OUT	NA	NO	Highly Susceptible Populations		
10	_	0	0	120	Food received at proper temperature	0	0	١.	2/	10	0	200		Pasteurized foods used; prohibited foods not offered		
11	×	0	\perp		Food in good condition, safe, and unadulterated	0	0	5	Ľ		ŭ			r dated aced roods dated, promised roods not offered		
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	OUT	NA	NO	Chemicals		
	IN	OUT	NA	NO	Protection from Contamination				2		0	3%		Food additives: approved and properly used		
13	0	0	黨		Food separated and protected	0	0	4	21	5 gg	0			Toxic substances properly identified, stored, used		
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Conformance with Approved Procedures		
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	2	7 0	0	×		Compliance with variance, specialized process, and HACCP plan		

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Good Retail Practices are preventive me ures to control the introduction of pathogens, chemicals, and physical objects into fo

			G00	O R	4/	IL PRA	CTIC	3-3
		OUT=not in compliance COS=con				inspect	tion	
		Compliance Status	cos	R	WT			
	OUT	Safe Food and Water					OUT	
		Pasteurized eggs used where required	0	0	1	45	0	Food and nonfood
		Water and ice from approved source		0		40		constructed, and u
30	_	Variance obtained for specialized processing methods	0	0	1	46	0	Warewashing faci
	OUT	Food Temperature Control		_		- 10	-	-
34	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	47	0	Nonfood-contact s
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	~	control	"	١٣	*		OUT	
32	0	Plant food properly cooked for hot holding	0	0	1	48	0	Hot and cold water
33	0	Approved thawing methods used	0	0	1	49	0	Plumbing installed
34	0	Thermometers provided and accurate	0	0	1	50	0	Sewage and wast
	OUT	Food Identification				51	0	Toilet facilities: pro
35	0	Food properly labeled; original container; required records available	0	0	1	52	0	Garbage/refuse pr
	OUT	Prevention of Feed Contamination				53	0	Physical facilities i
36	0	Insects, rodents, and animals not present	0	0	2	54	0	Adequate ventilati
37	0	Contamination prevented during food preparation, storage & display	0	0	1		OUT	
38	0	Personal cleanliness	0	0	1	55	0	Current permit por
39	0	Wiping cloths; properly used and stored	0	0	1	56	_	Most recent inspe-
40	_	Washing fruits and vegetables	0	0	1			
	OUT	Proper Use of Utensils						
41	0	In-use utensils; properly stored	0	0	1	57		Compliance with 1
42		Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58		Tobacco products
43	0	Single-use/single-service articles; properly stored, used	0	0	1	59	1	If tobacco product
44	0	Gloves used properly	0	0	1			

pect	ion	R-repeat (violation of the same code provision			
		Compliance Status	COS	R	š
	OUT	Utensiis and Equipment			
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	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	0	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	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

You have the right to request a h ten (10) days of the date of the

06/09/2023

Wer AN Signature of Environmental Health Specialist

06/09/2023 Date

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

Date

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 6154445325 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information				
Establishment Name: Cumberland Car				
Establishment Number #: [605319354				
NSPA Survey - To be completed if	#E7 is "No"			
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.		facilities at all times to p	persons who are	
Age-restricted venue does not require each per	son attempting to gain entry	to submit acceptable fo	rm of identification.	
"No Smoking" signs or the international "Non-Sr	moking" symbol are not cons	picuously posted at eve	ry 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 n	ot completely removed	or open.	
Smoke from non-enclosed areas is infiltrating in	to 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)
3 comp sink not set up				
Equipment Temperature				
Description			Temperature (Fahr	renhelt)
Cooler			37	
Food Temperature				
Food Temperature Description		State of Food	Temperature (Fahr	renhelt)

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cumberland Canteen Indoor Bar

Establishment Number: 605319354

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: (N.O.) No food workers present.
- 5: (N.O.) No food workers present at the time of inspection.
- 6: No prep during inspection
- 7: (NO) No food workers present during the inspection.
- 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: No tcs food
- 14: Discussed
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No cooling
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: (NA) Establishment does not cold hold TCS foods.
- 21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 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:

Additional Comments

See last page for additional comments.

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

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

Establishment Name: Cumberland Canteen Indoor Bar	
Establishment Number: 605319354	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Infor	The state of the s			
Establishment Name: C Establishment Number #	umberland Canteen Ind	door Bar		
Catabilatinent (40mber #;	605319354			
Sources				
	Water	Source:	City	
Source Type:	vvalei	Source.	City	
Source Type:	Food	Source:	Main kitchen	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Comme	nts			