

Address

City

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Neelys Bend Elm 595 Remanent O Mobile Establishment Name Type of Establishment 1300 Neelys Bend Rd. O Temporary O Seasonal Madison Time in 11:00; AM AM / PM Time out 12:15; PM AM / PM

05/17/2024 Establishment # 605040678 Embargoed 0 Inspection Date

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other

Number of Seats 125 Risk Category О3 04 Follow-up Required O Yes 疑 No

IN	_			Compliance Status	0.00			_	
IN				Compliance Status	COS	R	WT	╵╙	_
***	OUT	NA	NO	Supervision					IN
802	0			Person in charge present, demonstrates knowledge, and	0	0	5	۱ ا	L
-	_					_	Ľ	16	L0
IN.	-	NA	NO		_	_		17	С
86,	0			Management and food employee awareness; reporting	0	0			
×	0			Proper use of restriction and exclusion	0	0	۰	ш	IN
IN	OUT	NA	NO	Good Hygienic Practices				18	0
X	0			Proper eating, tasting, drinking, or tobacco use	0	0		19	32
黨	_		_		0	0		20	74
IN	OUT	NA	NO	Preventing Contamination by Hands			21	24	
	0		0	Hands clean and properly washed	0	0		22	92
938	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5	["	
-	-	_	_		-	-	_		IN
恶	_	NIA I	LUS	Handwashing sinks properly supplied and accessible	-	0	2	23	0
		NA	NO		-	_		1 🗀	_
_	_				_			_	IN
0	_	0	$\approx$					24	0
×	0	_			0	0	۰	l Ľ.	Ľ
0	0	333	0		0	0			IN
161	OUT		N/A		-	_	_	25	-
	-		NO		-	~		12	13
-	_	_			_	-	4	120	_
爲	0	0			0	0	5		IN
Ħ	0				0	0	2	27	o
A STATE OF THE PARTY OF THE PAR	※ 図 は 図 図 図 図 図 図 図 図 図 図 図 図 図 図 図 図 図	IN OUT  O O O O O O O O O O O O O O O O O O	IN OUT NA O O O O O O O O O O O O O O O O O O O	IN OUT NA NO  O O O O  O O O O  O O O O  O O O O  O O O O O  O O O O O  O O O O O  O O O O O O  O O O O O O O  O	performs duties    N OUT NA NO	Nout Na No   Employee Health	N OUT NA NO   NA NO   Proper use of restriction and exclusion   N OUT NA NO   Proper use of restriction and exclusion   N OUT NA NO   Good Hyglenic Practices   N O O O O O O O O O O O O O O O O O O	Nout Na No   Employee Health	Department and food employee awareness: reporting   Department and exclusion   Department and exclusion

_	Compliance Status				COS	к	WI	
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	寒	0	Proper cooking time and temperatures	0	0	5
17	0	0	300	0	Proper reheating procedures for hot holding	0	0	٠
	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	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	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	3%		Food additives: approved and properly used	0	0	5
26	8	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

#### trol the introduction of pathogo is, chemicals, and physical objects into foods.

			GOO			
		OUT=not in compliance COS=con				
		Compliance Status	cos	R	W	
	OUT	Caro i con amo i i mori			_	
28	0	Pasteurized eggs used where required	0	0	1	
29	0		0	0		
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	:	
32	0	Plant food properly cooked for hot holding	0	0	r	
33	0	Approved thawing methods used	0	0	7	
34	0	Thermometers provided and accurate	0	0	Г	
	OUT	Food Identification				
35	0	Food properly labeled; original container; required records available	0	0	ŀ	
	OUT	Prevention of Food Contamination				
36	0	Insects, rodents, and animals not present	0	0	1	
37	0	Contamination prevented during food preparation, storage & display	0	0	ŀ	
38	0	Personal cleanliness	0	0	г	
39	0	Wiping cloths; properly used and stored	0	0	_	
40	0	Washing fruits and vegetables	0	0	'	
	OUT	Proper Use of Utensils			Π	
41	0	In-use utensils; properly stored	0	0	г	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г	
43	0		0	0	r	
-						

pecti	on	R-repeat (violation of the same code provision)			
		Compliance Status	COS	R	W
	OUT	Utensiis 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	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			
55	0	Current permit posted	0	0	-
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	- X	0	
58		Tobacco products offered for sale	0	0	
59		If tobacco products are sold, NSPA survey completed	0	0	

orn, T.C.A. sections (81-11-70), 61 (11-11-70) n (10) days of the date of the

05/17/2024

05/17/2024

Signature of Person In Charge

Signat e of Environmental Health Specialist Date

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

Date

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



## Establishment Information

Establishment Name: Neelys Bend Elm 595
Establishment Number #: |605040678

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.	Т
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	$\top$
Garage type doors in non-enclosed areas are not completely open.	$\top$
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	$\top$
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 comparment sink	qA					

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Walk in cooler	37				
Walk in freezer	-7				
V Ictory reach in cooler #3	40				
Victory 2 door reach in cooler at expo line labeled #2	39				

Food Temperature					
Description	State of Food	Temperature ( Fahrenheit)			
thawing pizza in walk in cooler	Thawing	23			
Green beans Crom can 40 minites ago in walk in	Cooling	46			
Pizza in royalton Warmer	Hot Holding	163			
Cooked Corn in cvap warmer	Hot Holding	156			
Salad in 2 door victory reach in cooler at expo line	Cold Holding	41			
Peas and carrots in victory reach in warmer cabinet	Hot Holding	161			

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



## Establishment Information

Establishment Name: Neelys Bend Elm 595

Establishment Number: 605040678

## Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Employee illness policy pisted in office
- 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 proper hand washing
- 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 sources. No unapproved sources discovered during inspection.
- 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: (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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No cooling observed during inspection
- 19: Observed proper hot holding
- 20: Observed proper date marking
- 21: Observed proper date marking
- 22: Policy observed and prioerly being used.
- 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: Smoking is not observed where smoking is prohibited by the Act.
- 58: No tobacco products offered for sale.

# Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

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

stablishment Name: Neelys Bend Elm 595 stablishment Number: 605040678	
Comments/Other Observations (cont'd)	
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Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Infor	Managerit.		
	eelys Bend Elm 595		
Establishment Number #:	605040678		
Courses			
Sources			2.0
Source Type:	Water	Source:	Metro/municipal
Source Type:	Food	Source:	Sysco/IWC
Source Type.	Food	Source.	Sysconwc
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Additional Comme	nts		
Stove top has minor	debris as well as equip	ment in center island.	
employee that the o preparation areas (t	nly approved drinking co	ontainers are those that have pectors) and stored below a	ne stored in kitchen. Discussed with we lid and straw, are not drank in food and and away from from food, utensils, and