



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
98

Establishment Name Ming Kitchen Type of Establishment Farmer's Market Food Unit Permanent Mobile
 Address 235 E Main St Ste 340
 City Hendersonville Time in 11:53 AM AM / PM Time out 12:26 PM AM / PM
 Inspection Date 03/15/2022 Establishment # 605257944 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 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.)

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
Supervision							
1	<input checked="" type="radio"/>	<input type="radio"/>					5
Employee Health							
2	<input checked="" type="radio"/>	<input type="radio"/>					5
3	<input checked="" type="radio"/>	<input type="radio"/>					5
Good Hygienic Practices							
4	<input checked="" type="radio"/>	<input type="radio"/>					5
5	<input checked="" type="radio"/>	<input type="radio"/>					5
Preventing Contamination by Hands							
6	<input checked="" type="radio"/>	<input type="radio"/>					5
7	<input checked="" type="radio"/>	<input type="radio"/>					5
8	<input checked="" type="radio"/>	<input type="radio"/>					2
Approved Source							
9	<input checked="" type="radio"/>	<input type="radio"/>					5
10	<input checked="" type="radio"/>	<input type="radio"/>					5
11	<input checked="" type="radio"/>	<input type="radio"/>					5
12	<input checked="" type="radio"/>	<input type="radio"/>					5
Protection from Contamination							
13	<input checked="" type="radio"/>	<input type="radio"/>					4
14	<input checked="" type="radio"/>	<input type="radio"/>					5
15	<input checked="" type="radio"/>	<input type="radio"/>					2

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods							
16	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
17	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
Cooling and Holding, Date Marking, and Time as a Public Health Control							
18	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
19	<input checked="" type="radio"/>	<input type="radio"/>					5
20	<input checked="" type="radio"/>	<input type="radio"/>					5
21	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
Consumer Advisory							
23	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				4
Highly Susceptible Populations							
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
Chemicals							
25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
26	<input checked="" type="radio"/>	<input type="radio"/>					5
Conformance with Approved Procedures							
27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5

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

GOOD RETAIL PRACTICES

Compliance Status					COS	R	WT
OUT							
Safe Food and Water							
28	<input type="radio"/>						1
29	<input type="radio"/>						2
30	<input type="radio"/>						1
Food Temperature Control							
31	<input type="radio"/>						2
32	<input type="radio"/>						1
33	<input checked="" type="radio"/>						1
34	<input type="radio"/>						1
Food Identification							
35	<input type="radio"/>						1
Prevention of Food Contamination							
36	<input type="radio"/>						2
37	<input checked="" type="radio"/>						1
38	<input type="radio"/>						1
39	<input type="radio"/>						1
40	<input type="radio"/>						1
Proper Use of Utensils							
41	<input type="radio"/>						1
42	<input type="radio"/>						1
43	<input type="radio"/>						1
44	<input type="radio"/>						1

Compliance Status					COS	R	WT
OUT							
Utensils and Equipment							
45	<input type="radio"/>						1
46	<input type="radio"/>						1
47	<input type="radio"/>						1
Physical Facilities							
48	<input type="radio"/>						2
49	<input type="radio"/>						2
50	<input type="radio"/>						2
51	<input type="radio"/>						1
52	<input type="radio"/>						1
53	<input type="radio"/>						1
54	<input type="radio"/>						1
Administrative Items							
55	<input type="radio"/>						0
56	<input type="radio"/>						0
Compliance Status							
Non-Smokers Protection Act							
57	<input checked="" type="radio"/>						0
58	<input type="radio"/>						0
59	<input type="radio"/>						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 hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report 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 68-14-203, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

Signature of Person In Charge [Signature] Date 03/15/2022 Signature of Environmental Health Specialist [Signature] Date 03/15/2022

**** 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: Ming Kitchen
 Establishment Number #: 605257944

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)
refrigerator	40
walk in freezer	16
walk in cooler	36

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
sweet & sour chicken	Cold Holding	39
white rice	Hot Holding	170
chicken	Cold Holding	41
fried rice	Hot Holding	145
raw chicken	Cold Holding	34

Observed Violations

Total # 2

Repeated # 0

33: frozen shrimp sitting in standing water in sink
37: dry noodles stored uncovered in back room



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Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.
- 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 handwashing procedures
- 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: food from approved source
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: food in temp
- 20: food in temp
- 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:

***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, union broker

Source Type: Water Source: city water

Source Type: Source:

Source Type: Source:

Source Type: Source:

Additional Comments