

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| U | h |
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| | U |

O Farmer's Market Food Unit Smiley Thai Permanent O Mobile Establishment Name Type of Establishment 11356 Lebanon Rd O Temporary O Seasonal Address **Mount Juliet** Time in 11:01; AM AM / PM Time out 11:26; AM City 02/24/2023 Establishment # 605261449 Embargoed 0 Inspection Date ∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

О3

Number of Seats 98

Follow-up Required

04

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTION

| 10 | e in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | Ö |
|----|---------------|-------|------|----|---|-----|---|----|
| | | | | | Compliance Status | COS | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 盔 | ٥ | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | o | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | $\exists x$ | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | 30 | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 100 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 氮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | X | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | |
| 11 | X | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 |
| 12 | M | 0 | 0 | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | × | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | X | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | SER | 0 | | | Proper disposition of unsafe food, returned food not re- | 0 | 0 | 2 |

| | | | | | Compliance Status | COS | R | WT |
|----|----------|-----|----|----|---|-----|---|----|
| | IN | оит | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | 0 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 3% | Proper reheating procedures for hot holding | 0 | 0 | ٥ |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | 涎 | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 24 | 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 | M | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | X | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

O Yes 疑 No

is, chemicals, and physical objects into foods.

| | | | GOO | | |
|----|-----|--|-----|---|---|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Safe Food and Water | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | ľ |
| 29 | 0 | Water and ice from approved source | 0 | 0 | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | Ľ |
| | 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 | Г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Г |
| | OUT | Food Identification | | | |
| 35 | × | Food properly labeled; original container; required records available | 0 | 0 | , |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 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 | Г |
| | OUT | Proper Use of Utensils | | | |
| 41 | 120 | In-use utensils; properly stored | 0 | 0 | Г |
| 42 | 100 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | |
| 44 | | Gloves used properly | 0 | 0 | |

| pecti | on | R-repeat (violation of the same code provision | | - | 140 |
|-------|-----|--|------|----|-----|
| | | Compliance Status | cos | к | W |
| | OUT | Utensiis and Equipment | - | _ | _ |
| 45 | 麗 | 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 | -: |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | - 2 |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | - : |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | ١. |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | - |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | П |
| 56 | 0 | Most recent inspection posted | 0 | 0 | |
| | | Compliance Status | YES | NO | ٧ |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 3% | ा | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ (|
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

icuous manner. You have the right to request a l n (10) days of the date of the 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

02/24/2023

02/24/2023

Signature of Person In Charge

Date

Date

**** 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: Smiley Thai | |
| Establishment Number #: 605261449 | |

| 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 (Fahrenhelt) | | |
| | | | | | |
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| | | | | | |
| | | | | | |

| Equipment Temperature | | | | |
|---------------------------|--|--|--|--|
| Temperature (Fahrenheit) | | | | |
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| Food Temperature | | |
|------------------|----------------------------|---------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| | State of Food Cold Holding | Temperature (Fahrenheit) |
| | | |

| Observed Violations |
|---|
| Total # 4 Repeated # 0 |
| Repeated # O |
| 35: |
| 11 : |
| 12: |
| 1 5: |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | |
|---------------------------------|--|
| Establishment Name: Smiley Thai | |
| Establishment Number: 605261449 | |

| Comments/Other Observations | | |
|---|--|--|
| 1: Item corrected | | |
| 2: 3: 4: 5: | | |
| 3: | | |
| 4: | | |
| 5: | | |
| 6: Item corrected. Employees washed hands when changing gloves | | |
| 7: Item corrected employees using tongs or gloved hands to garnish plates | | |
| 8: | | |
| 9: | | |
| 10: | | |
| [11]: 10: | | |
| 12. 13. | | |
| 13. 14. | | |
| 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: | | |
| 16· | | |
| 17· | | |
| 18· | | |
| 19: | | |
| 20: Item corrected. | | |
| 21: Item corrected. All sauces and items made in house date marked | | |
| 22: | | |
| 23: | | |
| 24: | | |
| 25: | | |
| 26: | | |
| 27: | | |
| 22: 23: 24: 25: 26: 27: 57: | | |
| 58: | | |
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| Establishment Information | |
|--|--|
| Establishment Name: Smiley Thai | |
| Establishment Number: 605261449 | |
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| Comments/Other Observations (cont'd) | |
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| Establishment Information | | |
|-------------------------------------|---------|--|
| Establishment Name: Smiley Thai | | |
| Establishment Number #: 605261449 | | |
| Sources | | |
| | _ | |
| Source Type: | Source: | |
| Additional Comments | | |
| See routine inspection for comments | | |
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