TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

	-	12	15	11.00							_	• ••								
Ŕ			C. C.																	
		THEFT			StrikeOut V	Vipaz										O Fermer's Market Food	Unit			
Esta	blisł	nmen	nt Na	me	StrikeOut V	virigz						Tvr	n of	Establi	ishme	R Permanent O Mot	unit sile 9	r		
Address 3961 Nolensville Pike							. ,,	20.01	2.540.04	Gen Ing	O Temporary O Sea									
City					Nashville		Time is	12	2.5	0 F	PM		4/0	м т.		ut 01:00 PM AN	/PM			
,					01/04/20	24						_			ine or		17 P.M			
Insp							ent # 60531291			-	Embe		d L				L			
Purp	ose	of In	spec	tion	O Routine	份 Follow-up	O Complaint			O Pr	elimin	ary		C	Cor	nsultation/Other			70	
Risk	Cat	_		Frank	01	<u>38</u> 2	O 3	haba		04	-					up Required O Yes			72	
																control measures to pre		Tion		
							ORNE ILLNESS RI													
184	in e		ance	Highe	OUT=not in complia				Rema							ach Item as applicable. Deduct spection R=repeat (vi	painte for entergory or entern olation of the same code provi)	
104	-in çi	anps	ance	_		npliance Status	able NO-Hot deserve	cos	R		Ē	necie	u on-	she dun	ng ins	Compliance State			R	WT
	IN	ουτ	NA	NO		Supervision						IN	ou	NA	NO	Cooking and Reheating Control For Safe				
1	邕	0			Person in charge performs duties	present, demonstra	tes knowledge, and	0	0	5	16	123	6	0	0	Proper cooking time and temp		0	ा	
2			NA	NO	Management and	Employee Heal food employee awa		0			17	0	0	0	×	Proper reheating procedures f		0	0	9
		ō	1			triction and exclusio		ō	ŏ	5		IN	001	NA	NO	Cooling and Holding, Dat a Public Hea				
			NA	NO		od Hygienic Pra						0	0	0		Proper cooling time and temp		0		
4	<u>×</u>	0				sting, drinking, or tob meyes, nose, and m			0	5		X	8	0		Proper hot holding temperatur Proper cold holding temperatu			8	
	IN		NA	NO		ting Contamination						12		0	_	Proper date marking and disp		0	Ō	ə
_	皇鼠	0	0	6			at foods or approved	6	0 0	5	22	-	0	×	-	Time as a public health contro		0	0	
	-	0	Ľ	· ·	alternate procedu Handwashing sin	res followed ks properly supplied	and accessible	-	0	2	-	IN	001	_	NO	Consumer Consumer advisory provided				
	IN	OUT	NA	NO		Approved Sour	C0 03				23		0	NA	110	food		0	0	4
	<u>宗</u> 0		0	122		m approved source proper temperature		8	8			IN	001	XX		Highly Susceptib				
11	_					dition, safe, and una available: shell stop		0	0	5	24	_	-	-		Pasteurized foods used; prohi		0	0	9
	<u> </u>	0	×	-	destruction			0	0		~	IN	001			Chem				
			O	NO	Food separated a	ection from Conta and protected	mination	0		4	25	0 実	8	X		Food additives: approved and Toxic substances properly ide	<u></u>	6	8	5
14	×	0	0	1		aces: cleaned and s			0	5		IN		NA	-	Conformance with Ap	and a second second			
15	2	0			Proper disposition served	n of unsafe food, ret	urned food not re-	0	0	2	27	0	0	×		Compliance with variance, sp HACCP plan	ecialized process, and	0	0	5
				Gov	vi Retali Practi		be measures to co	atro	l the	inte	oduc	tion		atho		, chemicals, and physics	al objects into foods			
						ces are present		GOO							g e 114	, chemicals, and physics	ar objects into roous.	_		
				00	T=not in compliance		COS=corre	icted o	n-site	during							n of the same code provision)			
		OUT	1			pliance Status Food and Water		cos	R	WT			TUK			Compliance Sta Utensils and Equip		cos	R	WT
2					ed eggs used wher fice from approve				8		4	5	0 1			nfood-contact surfaces cleana and used	ble, properly designed,	0	0	1
3	>	0	Vari		obtained for specia	lized processing me		ŏ	ŏ	1	4	6	- 1			g facilities, installed, maintaine	d used test strips	0	0	1
	_	OUT	_			emperature Contr d; adequate equipm		1		_	4	-	_			tact surfaces clean	a, usea, assessips	-	0	1
3		0	cont	trol			ent for temperature	0	0	2	Ē	0	TUK			Physical Facilit				
3	_				properly cooked for thawing methods			8	0	1	4					I water available; adequate pre stalled, proper backflow device			0	2
3	_		<u> </u>		eters provided and			ŏ		1	5	_				waste water properly dispose		0	0	2
		OUT	_			d identification					5	_	_			es: properly constructed, suppl		0	0	1
3		0	Foo	d prop		al container; require		0	0	1	5		_			use properly disposed; facilities		0	0	1
3	_		Inco	-10 m	dents, and animal	of Food Contami	nation	0	0	2	5	-+-	_			lities installed, maintained, and intilation and lighting; designate		0	0 0	1
			-		-				+ +	-	F	-	-	- acque	10 40			–		
3	_		_		-	ring food preparatio	n, storage & display	0	0	1			TUK			Administrative it	ems			
3		-			cleanliness ths; properly used	and stored		0	0	1	5				-	nit posted inspection posted		8	0	0
- 4)	0	Was		ruits and vegetable	85			Ō			_	_			Compliance Stat		YES	NO	WT
-4	_	OUT	_	se ute	Prope nsils; properly stor	ed use of Utensils	1	0	0	1	5	7	-	Compli	ance	Non-Smokers Pr with TN Non-Smoker Protection		x	o	
4	_	0	Uter	nsils, e	quipment and line	ns; properly stored,		0	0	1	5	8		lopacc	o pro	ducts offered for sale		0	0	0
4	_				ed properly	ticles; properly store	a, used		8		5	9		r tobac	co pr	oducts are sold, NSPA survey	completed			
																Repeated violation of an identica				
																e. You are required to post the fo liting a written request with the Co				
Ģ		Ŵ) _L	Y	14-703, 68-14-706, 68	-14-708, 68-14-709, 68-	manner. You have the rig 14-711, 68-14-715, 68-14-7	16, 4-5	320.			_	+	- 1	^	ΔΛ -				
			Ť	Ľ	rody		01/0)4/2	024	1		C	J	2 h	(Michael		01/0)4/2	2024
Sigr	atur	re of	Pers		Charge				[Date	Si	gnatu	ire of	Envir	onme	ental Health Specialist				Date
							,									ealth/article/eh-foodservic	e ****			
PH-2	267	(Rev.	6-15	9									onth			inty health department.			R	XA 629
						PI	ease call (10.	103	405	ושטנ	U		10 51	yn-u	p for a class.				

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: StrikeOut Wingz Establishment Number #: 605312915

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)								

Equipment l'emperature	_			
Description	Temperature (Fahrenheit)			

Food Temperature Decorption	State of Food	Temperature (Fahrenheit

Observed Violations	
Total # 4	
Repeated # ()	
34:	
)4.)7.	
37:	
43:	
53:	

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Establishment Information

Establishment Name: StrikeOut Wingz Establishment Number : 605312915

Comments/Other Observations

1: 2: 3: 4:

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.

Establishment Information

Establishment Name: StrikeOut Wingz

Establishment Number: 605312915

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

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Sources		
Source Type:	Source:	

Additional Comments