

Establishment Name

Inspection Date

Address

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

Westmoreland City

Grill on the HIII

5204 New Hwy 31 E

Time in 03:58 PM AM / PM Time out 04:05: PM AM / PM

04/19/2024 Establishment # 605262726 Embargoed 0

∰ Follow-up Routine O Complaint Purpose of Inspection

O Preliminary O Consultation/Other

SCORE

Risk Category

Follow-up Required

O Yes 疑 No

Number of Seats 79

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

12	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observed			
					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	DK.	0			Management and food employee awareness; reporting		0	l .
3	×	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	*	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	100.00	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed		0	
7	េ	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2
		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	×	0			Food in good condition, safe, and unadulterated		0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	黛	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

					Compliance status	000	P.	** 1
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	X	0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	333	Proper reheating procedures for hot holding	0	0	,
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18		0	×	0	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	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		Food additives: approved and properly used	0	0	5
26	×	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

#### rol the introduction of pathogo s, chemicals, and physical objects into foods.

L PRACTICES

			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	1
29	0	Water and ice from approved source	0	0	_;
30	0	Variance obtained for specialized processing methods	0	0	
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	7
32	0	Plant food properly cooked for hot holding	0	0	г
33	0	Approved thawing methods used	0	0	Т
34	×	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	
	OUT	Prevention of Feed Contamination			
36	0	Insects, rodents, and animals not present	0	0	
37	0	Contamination prevented during food preparation, storage & display	0	0	Г
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			
41	0	In-use utensils; properly stored	0	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	г
44	0	Gloves used properly	0	0	

pecti		R-repeat (violation of the same code provision)  Compliance Status	COS	R	W
	OUT	Utensiis and Equipment	000		
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	- 3
49	0	Plumbing installed; proper backflow devices	0	0	-
50	0	Sewage and waste water properly disposed	0	0	- 2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	_
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	2%	Physical facilities installed, maintained, and clean	0	0	,
54	0	Adequate ventilation and lighting; designated areas used	0	0	•
	OUT	Administrative Items			
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	_ `
		Compliance Status	YES	NO	V
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- XK	0	
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 hearing regarding this report by filing a ten (10) days of the date of the 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

04/19/2024

John HA

04/19/2024

Date Signature of Environmental Health Specialist

Date

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

Free food safety training classes are available each month at the county health department. ) 6152061100 Please call ( to sign-up for a class.

RDA 629

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



Establishment Information								
Establishment Name: Grill on the HIII								
Establishment Number #: [605262726								
NCDA Common To be completed if	#F7 := #M=#							
NSPA Survey – To be completed if  Age-restricted venue does not affirmatively rest		facilities at all times to o	ersons 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-S	moking" symbol are not cons	picuously posted at ever	ry entrance.					
Garage type doors in non-enclosed areas are not completely open.								
Tents or awnings with removable sides or vents	s in non-enclosed areas are r	not completely removed	or open.					
Smoke from non-enclosed areas is inflitrating in	nto areas where smoking is p	rohibited.						
Smoking observed where smoking is prohibited	i by the Act.							
Warewashing Info			1= 1	- de				
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	renhelt)				
Equipment Temperature								
Equipment Temperature Description			Temperature ( Fahr	renhelt)				
			Temperature ( Fahr	renheit)				
			Temperature ( Fahr	renheit)				
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			Temperature ( Fahi	renheit)				
Description			Temperature ( Fahi	renheit)				
			Temperature ( Fahr	renheit)				
Description		State of Food	Temperature ( Fahr	•				
Food Temperature		State of Food		•				
Food Temperature		State of Food		•				
Food Temperature		State of Food		•				
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# TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



Establishment Name: Grill on the HIII	
Establishment Number: 605262726	
Comments/Other Observations	
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	Marinaris*
Additional Comments	

See last page for additional comments.

Establishment Number:   605262726  Comments/Other Observations (cont'd)  Additional Comments (cont'd)  See last page for additional comments.	Establishment Information	
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Additional Comments (cont'd)		
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See last page for additional comments.	Additional Comments (cont'd)	
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Sources							
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							