

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE	
-------	--

97

Establishment Name

Dream Events & Catering

Type of Establishment

Type of Establishment

O Mobile

Address 200 Hill Avenue O Temporary O Seasonal
Nashville Table 11:50 AM AMARIA Table 11:55 AM AMARIA

City Nashville Time in 11:50; AM AM / PM Time out 11:55; AM AM / PM
Inspection Date 03/04/2022 Establishment # 605245738 Embargoed 0

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

Risk Category O1 ₩2 O3 O4 Follow-up Required O Yes ※ No Number of Sea

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 (IH, OUT, HA, HO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or subcategory.

IN-in compliance OUT-not in compliance NA-not applicable NO-not observed COS=corrected on-site during inspe								spect						
	Compliance Status COS R WT													
	IN	OUT	NA	NO	Supervision				П	IN	оит	NA	NO	9
1	0	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	10	0	0	0	0	Pro
Н	IN	OUT	NA	NO	Employee Health	-	-	-	17		ŏ	ŏ	ŏ	Pro
2	0	0	167	110	Management and food employee awareness, reporting	0	0		H	ř	ŭ	ŭ	ř	-
3	0	o			Proper use of restriction and exclusion	0	ō	5	Ш	IN	OUT	NA	NO	Ce
	IN	OUT	NA	NO	Good Hygienic Practices				12	0	0	0	0	Pro
4	0	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19	0	0	0	0	Pro
5	0	0		0	No discharge from eyes, nose, and mouth	0	0	l°.	20	0	0	0		Pro
	IN	OUT	NA	NO	Preventing Contamination by Hands		2.	0	0	0	0	Pro		
6	0	0		0	Hands clean and properly washed	0	0		2	0	0	0	0	Tim
7	0	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5	Ľ	_	_	_	_	
Ŀ	_	_			alternate procedures followed	_	_	_		IN	OUT	NA	NO	
8	0	0			Handwashing sinks properly supplied and accessible	0	0	2	23	0	lol	0		Cor
		OUT	NA	NO	Approved Source			_	ΙĒ	_		-		food
9	0	0			Food obtained from approved source	0	0	J	l L	IN	OUT	NA	NO	_
10	0	0	0	_ 0	Food received at proper temperature	0	0	١.	24	0	0	0		Pas
11	0	0		_	Food in good condition, safe, and unadulterated	0	0	5	ΙĽ	_	Ŭ	_		1 00
12	0	0	0	0	Required records available: shell stock tags, parasite destruction	0	0		Ш	IN	ОUТ	NA	NO	
	IN	OUT	NA	NO	Protection from Contamination				25		0	0		Foo
13	0	0	0		Food separated and protected	0	0	4	20	0	0			Tax
14	0	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	П	IN	OUT	NA	NO	
15	0	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	0		Cor HA

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	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	0	Proper cooling time and temperature	0	0	
19		0	0	0	Proper hot holding temperatures	0	0	
20	0	0	0		Proper cold holding temperatures	0	0	5
21	0	0	0	0	Proper date marking and disposition	0	0	•
22	0	0	0	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	0		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	0		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	0		Food additives: approved and properly used	0	0	5
26	0	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	0		Compliance with variance, specialized process, and HACCP plan	0	0	5

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

			G00	D R	37
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	WI
	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	2
30	120	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	2
32	0	Plant food properly cooked for hot holding	0	0	1
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	1
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	1
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	2
37	왮	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	1
39	0	Wiping cloths; properly used and stored	0	0	1
40	0	Washing fruits and vegetables	0	0	1
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	1
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1
43	0	Single-use/single-service articles; properly stored, used	0	0	1
44	0	Gloves used properly	0	0	1

pecti	on	R-repeat (violation of the same code provision)		_	
		Compliance Status Utensils and Equipment	cos	R	W
	OUT	_	_	_	
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	-
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	3%	Physical facilities installed, maintained, and clean	0	0	,
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	П
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	0		
58		Tobacco products offered for sale	0	0	١.
59		If tobacco products are sold, NSPA survey completed	0	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 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

03/04/2022

Signature of Person In Charge

Date Signature of Environmental Health Specialist

03/04/2022

Date

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

PH-2267 (Rev. 6-15)

Free food safety training classes are available each month at the county health department.

Please call ( ) 6153405620 to sign-up for a class.

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



Establishment Information									
Establishment Name: Dream Events & Catering									
Establishment Number #: 605245738									
NSPA Survey - To be completed if									
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-S	moking" symbol are not cons	picuously posted at every	entrance.						
Garage type doors in non-enclosed areas are n	ot completely open.								
Tents or awnings with removable sides or vents	in non-enclosed areas are r	not completely removed o	r open.						
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.							
Smoking observed where smoking is prohibited	by the Act.								
Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	renhelt)					
		•	•						
Equipment Temperature									
Description			Temperature ( Fahr	renhelt)					
Food Temperature									
Description		State of Food	Temperature ( Fahr	renhelt)					
			I						
			1						

bserved Violations tal #   B	
tal# B	
speated # 0	
): 7: 3:	
7:	
}: :	

<sup>&</sup>quot;"See page at the end of this document for any violations that could not be displayed in this space.

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

Establishment Name: Dream Events & Catering

Establishment Information

Establishment Number: 605245738



Comments/Other Observations	
57: 58:	
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 last paye for additional confinents.	
***See page at the end of this document for any extra Additional Comments that could not be display	ed in this snace

Establishment Name: Dream Events & Catering					
Establishment Number: 605245738					
Comments/Other Observations (cont'd)					
Additional Comments (contin					
Additional Comments (cont'd)					
See last page for additional comments.					

Establishment Information

Establishment Information									
Establishment Name: Dream Events & Catering									
Establishment Number #: 605245738									
Sources	1								
Source Type:	Source:								
Source Type:	Source:								
_									
Source Type:	Source:								
Course Time:	Course								
Source Type:	Source:								
Course Type:	Source:								
Source Type:	Source.								
Additional Comments									
Additional Comments									