# **TENNESSEE DEPARTMENT OF HEALTH**

|   |        |          | FOOD SERVICE ESTABLISHMENT INSPECTION REPORT        |                |   |  |                      |          |          |  |        | DN REPORT | SCORE  |           |  |   |                |        |          |        |
|---|--------|----------|---|----------------|---|--|----------------------|----------|----------|--|--------|-----------|--------|-----------|--|---|----------------|--------|----------|--------|
| ¥   |        |          | and the second                                      |                | Music City  | Eit Moals  |                      |          |          |  |        |           |        |           |  | O Farmer's Market Food Unit   | $\cap$         |        |          |        |
| Establishment Name  |        |          | Music City Fit Meals Type of Establishment O Mobile |                |   |  |                      |          |          |  | 9      |           |        |           |  |   |                |        |          |        |
| Add   | ess    |          |   |                | 1919 Galla  | tin Pike N   |                      |          |          |  |        |           |        |           |  | O Temporary O Seasonal  |                |        |          |        |
| City  |        |          |   |                | Madison Time in 01:20 PM AM / PM Time out 02:05: PM AM / PM           |  |                      |          |          |  |        |           |        |           |  |   |                |        |          |        |
| Insp  | ectic  | n Da     | rte   |                | 07/22/20  | 021 Establishment                                    | 60530696             | 3        |          |  | Emba   | irgoe     | d 0    |           |  |   |                |        |          |        |
|   |        |          | spect   |                | <b>Routine</b>  | O Follow-up  | O Complaint          |          |          | -<br>O Pr  |        |           | _      |           | Cor  | suitation/Other   |                |        |          |        |
| Risk  | Cat    | egon     | v .   |                | 01  | 322  | 03                   |          |          | <b>O</b> 4   |        |           |        | Fo        | low-   | up Required 🕱 Yes <b>O</b> No M   | Number of Se   | ats    |          |        |
|   |        |          | isk i   |                |   |  |                      |          |          |  |        |           |        |           |  | to the Centers for Disease Control an<br>control measures to prevent illness of |                | ion    | _        |        |
|   |        |          |   | 45 0           | ontribeting ra  |  |                      | _        |          |  |        |           |        | _         |  | INTERVENTIONS   | r injury.      |        |          |        |
|   |        | (11      | ırk de  | algna          |   | tus (IN, OUT, NA, NO) for                            |                      |          |          | mark   | ed OL  | л, т      | ark CO | 38 or R   | for e  | ach item as applicable. Deduct points for catego                                | ry or subcate  | (HIY.) |          |        |
| IN  | in c   | ompii    | ance  |                | OUT=not in compli   | ance NA=not applicable<br>npliance Status            | NO=not observe       | d<br>COS | R        |  | s=cor  | recte     | d on-s | ite duri  | ng ins   | Compliance Status   |                |        | R        | WT     |
|   | IN     | ουτ      | NA  | NO             |   | Supervision  |                      |          | · · ·    |  |        | IN        | оυт    | NA        | NO   | Cooking and Reheating of Time/Temp  |                |        |          |        |
| 1   | 邕      | 0        |   |                | Person in charge<br>performs duties                                   | present, demonstrates                                | knowledge, and       | 0        | 0        | 5  | 16     | 0         | 0      | 0         | *  | Control For Safety (TCS) Foods<br>Proper cooking time and temperatures          |                | 0      | তা       |        |
| 2   |        |          | NA  | NO             |   | Employee Health<br>d food employee awaren            | ess: reporting       | 0        | o        |  |        | ò         | 0      |           |  | Proper reheating procedures for hot holding                                     |                | °      | Ö        | 5      |
|   |        | ō        |   |                |   | triction and exclusion                               | eos, repondig        | ō        | ō        | 5  |        | IN        | ουτ    | NA        | NO   | Cooling and Holding, Date Marking, and<br>a Public Health Control               | Time as        |        |          |        |
|   |        |          | NA  |                |   | ood Hygionic Practic                                 |                      |          |          |  |        | 0         | 0      |           |  | Proper cooling time and temperature   |                | 8      | 힞        |        |
| 5   | 0<br>嵐 | 0        |   | 0              | No discharge fro  | sting, drinking, or tobacc<br>m eyes, nose, and mout | h                    | ő        | 0        | 5  | 20     | 0<br>)23  | 0      | <u>実</u>  |  | Proper hot holding temperatures<br>Proper cold holding temperatures             |                | 0      | 0        | 5      |
|   |        | 001      | NA  | _              |   | ting Contamination I<br>properly washed              | by Hands             | 0        | 0        | _  |        | *         | 0      | 0         |  | Proper date marking and disposition   |                |        | 0        | Ť      |
| -   | 0      | 0        | 0   | ×              | No bare hand co<br>alternate proced                                   | ntact with ready-to-eat four                         | ods or approved      | 0        | 0        | 5  | 22     | O         | O      | NA        |  | Time as a public health control: procedures an<br>Consumer Advisory             | d records      | 0      | 0        |        |
|   |        | X        | NA  | 100            |   | ks properly supplied an<br>Approved Source           | d accessible         | 0        | 0        | 2  | 23     | _         | 0      | 12        |  | Consumer advisory provided for raw and unde<br>food                             | rcooked        | 0      | 0        | 4      |
| 9   | 黨      | 0        | _   |                |   | om approved source                                   |                      |          | 0        |  |        | IN        | OUT    | NA        | NO   | Highly Susceptible Populations  |                |        |          |        |
| 10<br>11  | 0<br>K | 0        | 0   | ×              |   | proper temperature<br>idition, safe, and unadul      | terated              | 8        | 00       | 5  | 24     | 0         | 0      | ×         |  | Pasteurized foods used; prohibited foods not o                                  | ffered         | 0      | 0        | 5      |
| 12  | _      | 0        | ×   | 0              | Required records available: shell stock tags, parasite<br>destruction |  | 0                    | 0        |          |  | IN     | OUT       | NA     | NO        | Chemicals  |   |                |        |          |        |
|   |        |          | NA  |                | NO Protection from Contamination Food separated and protected         |  | 0                    |          | 4        | 25   | 0      | 0         | X      |           | Food additives: approved and properly used<br>Toxic substances properly identified, stored, us | ad ba   | 0              | 읭      | 5        |        |
| 14  |        |          |   |                | Food-contact sur  | faces: cleaned and sani                              |                      | ŏ        | ŏ        | 5  |        | IN        | OUT    | _         |  | Conformance with Approved Procee  | dures          | -      | _        |        |
| 15  | 2      | 0        |   |                | Proper dispositio<br>served   | n of unsafe food, returne                            | ed food not re-      | 0        | 0        | 2  | 27     | 0         | 0      | 黨         |  | Compliance with variance, specialized process<br>HACCP plan                     | , and          | 0      | 0        | 5      |
|   |        |          |   | Goo            | d Retail Pract  | ices are preventive                                  | measures to co       | ntro     | l the    | intr   | oduc   | tion      | of p   | atho      | gens   | , chemicals, and physical objects into  | foods.         |        |          |        |
|   |        |          |   |                |   | -  |                      |          |          |  |        |           | ICE    |           | -  |   |                |        |          |        |
|   |        |          |   | OU             | T=not in compliance   | npliance Status                                      | COS=corre            | cted o   |          | during   |        |           |        |           |  | R-repeat (violation of the same code<br>Compliance Status                       |                | cosi   | R        | WT     |
|   | _      | OUT      |   |                | Safe  | Food and Water                                       |                      |          | <u> </u> |  |        | 0         | UT     |           |  | Utensils and Equipment  |                |        |          |        |
| 2   | _      |          |   |                | d eggs used whe<br>lice from approve                                  |  |                      | 0        | 0        | 2  | 4      | 5         |        |           |  | nfood-contact surfaces cleanable, properly des<br>and used                      | igned,         | 0      | 0        | 1      |
| 3   | _      | 0<br>0UT |   | ince d         |   | alized processing metho<br>emperature Control        | ds                   | 0        | 0        | 1  | 4      | 6         | 0 V    | Varewa    | ashin  | g facilities, installed, maintained, used, test strip                           | 26             | 0      | 0        | 1      |
| 3   | 1      | 0        |   |                |   | d; adequate equipment                                | for temperature      | 0        | 0        | 2  | 4      | _         | _      | lonfoo    | d-cor  | tact surfaces clean   |                | 0      | 0        | 1      |
| 32 O Plant food properly cooked for hot holding                 |        | 0        | 0   | 1              | 4   | _  | UT<br>O H            | lot and  | 1 cold   | Physical Facilities<br>water available; adequate pressure        |        | 0         | 0      | 2         |  |   |                |        |          |        |
| 33 O Approved thawing methods used                              |        | 0        | 0   | 1              | 4   | _  |                      |          |          | talled; proper backflow devices<br>waste water properly disposed |        | _         | 응      | 2         |  |   |                |        |          |        |
| 34 O Thermometers provided and accurate OUT Feed Identification |        | Ŭ        |   | <u> </u>       | 5   |  | -                    |          |          | is: properly constructed, supplied, cleaned                      |        |           | ŏ      | 1         |  |   |                |        |          |        |
| 3   | 5      | 0        | Food  | i prop         | erly labeled; origin  | nal container; required re                           | cords available      | 0        | 0        | 1  | 5      |           | -      |           |  | use properly disposed; facilities maintained                                    |                | 0      | 0        | 1      |
| 2   | _      |          | Incor   | de es          |   | of Food Contaminat                                   | ion                  | _        |          |  | 5      | _         | _      |           |  | ities installed, maintained, and clean  |                | _      | <u> </u> | 1      |
| 36 O Insects, rodents, and animals not present                  |        | 0        | 0   | 2              | 5   | -  | -                    | loequa   | ne ve    | ntilation and lighting; designated areas used                    |        | 0         | 0      | 1         |  |   |                |        |          |        |
| 3   |        |          |   |                |   | uring food preparation, s                            | torage & display     | 0        | 0        | 1  |        | _         | UT     | Summer of | 0.000  | Administrative items  |                | 0      | 0        |        |
| 3   |        | Ó        | Wipir   | ng cic         | leanliness<br>ths; properly used                                      |  |                      | 0        | 0        | 1  | 5      |           |        |           |  | nit posted<br>inspection posted   |                | 0      | 00       | 0      |
| 4   |        | O<br>TUO | _   | hing f         | ruits and vegetabl  | ies<br>er Use of Utensils                            |                      | 0        | 0        | 1  |        |           | _      |           |  | Compliance Status<br>Non-Smokers Protection Act                                 |                | YES    | NO       | WT     |
| - 41  | _      |          |   | e ute          | nsils; properly sto   |  |                      | 0        | 0        |  | 5      |           | C      | omplia    | ance   | with TN Non-Smoker Protection Act   |                | 0      | M        |        |
| 4   | _      |          |   |                |   | ens; properly stored, drie                           |                      | 0        | 0        | 1  | 5      | 8         |        |           |  | ducts offered for sale  |                | 0      | 0        | 0      |
| 4   |        | 0        | Glov  | e-use<br>es us | single-service ar<br>ed properly                                      | ticles; properly stored, u                           | sed                  |          | 0<br>0   |  | 6      | 9         | 1      | 10080     | co pr  | oducts are sold, NSPA survey completed  |                | 0      | 0        |        |
| Failu   | re to  | corre    | ect any   | y viola        | tions of risk factor  | items within ten (10) days                           | may result in suspen | sion o   | fyour    | food   | servic | 0 0121    | blish  | ment pe   | ermit.   | Repeated violation of an identical risk factor may re                           | sult in revoca | tion o | f you    | r food |

required to post the food service establishment permit in a conspicuous in request with the Commissioner within ten (10) days of the date of this re required to post the food service esta all be corrected ction report in a conspicuous manner. You have the right to request a hearing r -706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. and post the n st recent i ding this report by filing as T.C 68-14-703

than

07/22/2021

21 Signature of Environmental Health Specialist

07/22/2021

| Signature of Person In Charge |  |
|-------------------------------|--|
|-------------------------------|--|

Co vor s

Date

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

| Please call ( ) 6153405620 to sign-up for a class. | PH-226 | 7 (Rev. 6-15) | Free food safety training cla | isses are available each mon | th at the county health department. | RDA 625 |
|--|--------|---------------|-------------------------------|------------------------------|-------------------------------------|---------|
|  | 119220 | a (nev. o-15) | Please call (                 | ) 6153405620                 | to sign-up for a class.             | nDr dz  |

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



# Establishment Information

Establishment Name: Music City Fit Meals Establishment Number #: 605306963

| 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<br>wenty-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.   |  |
| Sarage 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) |  |  |  |  |  |  |  |
| Manual           | QA             |     |                          |  |  |  |  |  |  |  |

| Equipment Temperature                        |                          |  |  |  |  |
|--|--------------------------|--|--|--|--|
| Description                                  | Temperature (Fahrenheit) |  |  |  |  |
| Two door freezer in area with walk in cooler | 0                        |  |  |  |  |
| Walk in cooler                               | 38                       |  |  |  |  |
| Frozen meals freezer at front area           | -4                       |  |  |  |  |
| Two fdor breakfast and salads refrigerator   | 37                       |  |  |  |  |

| erature ( Fahrenheit) |
|-----------------------|
|                       |
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|                       |

#### Observed Violations

Total # 3

Repeated # ()

8: No paper towels dispesing out of hand sink in back area with walk in cooler

43: Aluminum single service pans not inverted near walk in cooler

53: Crack light cover in prep area in the back

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



### Establishment Information

Establishment Name: Music City Fit Meals

Establishment Number : 605306963

### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): An employee health policy is available.

3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.

4: (N.O.) No food workers present in the kitchen

5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

6: Nobody working in the kitchen during the inspection

7: (NO) No food workers present during the inspection in the kitchen

9: GFS, Sam's, Rest depot

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: (NA) No TCS foods reheated for hot holding.

18: (N.O.) No cooling of TCS foods during inspection.

19: (NA) Establishment does not hot hold TCS foods.

20: See temp below

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 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: "No Smoking" signs or the international "No Smoking" symbol are conspicuously posted at every entrance. 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.

# Establishment Information

Establishment Name: Music City Fit Meals Establishment Number : 605306963

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Music City Fit Meals

Establishment Number #. 605306963

| Sources      |       |         |      |  |
|--------------|-------|---------|------|--|
| Source Type: | Water | Source: | City |  |
| Source Type: |       | Source: |      |  |
| Source Type: |       | Source: |      |  |
| Source Type: |       | Source: |      |  |
| Source Type: |       | Source: |      |  |
|              |       |         |      |  |

# Additional Comments