

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



Establishment Information

Establishment Name: Olive Garden Italian Restaurant #1751

Establishment Number #: 605200722

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)
Bucket Hobart	QA Heat	200	170

Equipment Temperature

Description	Temperature (Fahrenheit)
Ric Across from fryers	39
Wif	0
Wic	37

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Fagioli soup	Cooling	60
Minestrone soup	Cooling	87
Ground beef and pork	Cooking	190
Grilled chicken	Cooking	170
Spaghetti	Cold Holding	39
Shrimp raw	Cold Holding	37
Salmon Raw	Cold Holding	38
Shrimp	Cooking	150
Scampi sauce	Cold Holding	39
Fried chicken	Cooking	187
Mac and cheese	Cold Holding	40
Fettuccine	Cold Holding	36
5 cheese marinara	Cooking	189

Observed Violations

Total # 3

Repeated # 0

37: Employee drink stored in ice bin used for cooling

42: Pans and containers stacked wet on shelf over prep area

45: Severely grooved cutting boards on line and in prep area

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Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Discussed policy with pic
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Employees are washing hands when changing gloves. Employee washed hands before handling clean dishes.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See source info
- 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: See food temps
- 17: See food temps
- 18: See food temps
- 19: See food temps
- 20: See food temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Tomatoes held in tilt in salad cooler
- 23: Statement on menu
- 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: HACCP plan is being followed. Observed employee cooking, bagging, and cooling sauces and soup.
- 57:
- 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 page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

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Sources

Source Type:	Food	Source:	McLane, Freshpoint
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Source Type:	Water	Source:	City
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Source Type:	Source:
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Source Type:	Source:
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Source Type: _____ Source: _____

Additional Comments