



TENNESSEE DEPARTMENT OF HEALTH  
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

93

Establishment Name Number 1 Bakery Abigail Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 2371 Murfreesboro Rd ☐ Temporary ☐ Seasonal  
City Nashville Time in 02:35 PM AM / PM Time out 03:05 PM AM / PM  
Inspection Date 01/09/2024 Establishment # 605314975 Embargoed 0  
Purpose of Inspection ☐ Routine ☒ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 5

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 (IN, OUT, NA, NO) 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 inspection |  |  |  |  | R=repeat (violation of the same code provision) |  |  |  |  |
|-------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------|--|--|--|--|-------------------|--|--|--|--|--------------------------|--------------------------|---|--|--|-----------------------------------------|--|--|--|--|-------------------------------------------------|--|--|--|--|
| Compliance Status |                                     |                          |                                     |                                     |                                                                                        |  |  |  |  | COS               |  |  |  |  | R                        |                          |   |  |  | WT                                      |  |  |  |  |                                                 |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Supervision                                                                            |  |  |  |  |                   |  |  |  |  |                          |                          |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 1                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Person in charge present, demonstrates knowledge, and performs duties                  |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Employee Health                                                                        |  |  |  |  |                   |  |  |  |  |                          |                          |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 2                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Management and food employee awareness, reporting                                      |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 3                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Proper use of restriction and exclusion                                                |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Good Hygienic Practices                                                                |  |  |  |  |                   |  |  |  |  |                          |                          |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 4                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | Proper eating, tasting, drinking, or tobacco use                                       |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 5                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | No discharge from eyes, nose, and mouth                                                |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Preventing Contamination by Hands                                                      |  |  |  |  |                   |  |  |  |  |                          |                          |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 6                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | Hands clean and properly washed                                                        |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 7                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | No bare hand contact with ready-to-eat foods or approved alternate procedures followed |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 8                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Handwashing sinks properly supplied and accessible                                     |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 2 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Approved Source                                                                        |  |  |  |  |                   |  |  |  |  |                          |                          |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 9                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Food obtained from approved source                                                     |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 10                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Food received at proper temperature                                                    |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 11                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Food in good condition, safe, and unadulterated                                        |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 12                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Required records available: shell stock tags, parasite destruction                     |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 2 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Protection from Contamination                                                          |  |  |  |  |                   |  |  |  |  |                          |                          |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 13                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | Food separated and protected                                                           |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 4 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 14                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                     | Food-contact surfaces: cleaned and sanitized                                           |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
| 15                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Proper disposition of unsafe food, returned food not re-served                         |  |  |  |  |                   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 2 |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |
|                   |                                     |                          |                                     |                                     |                                                                                        |  |  |  |  |                   |  |  |  |  |                          |                          |   |  |  |                                         |  |  |  |  |                                                 |  |  |  |  |

| Compliance Status |                                     |                          |                                     |                          |                                                                          |  |  |  |  | COS |  |  |  |  | R                        |                          |   |  |  | WT |  |  |  |  |
|-------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------|--|--|--|--|-----|--|--|--|--|--------------------------|--------------------------|---|--|--|----|--|--|--|--|
|                   | IN                                  | OUT                      | NA                                  | NO                       | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods |  |  |  |  |     |  |  |  |  |                          |                          |   |  |  |    |  |  |  |  |
| 16                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures                                     |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |    |  |  |  |  |
| 17                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding                              |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                       | Cooling and Holding, Date Marking, and Time as a Public Health Control   |  |  |  |  |     |  |  |  |  |                          |                          |   |  |  |    |  |  |  |  |
| 18                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperature                                      |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |    |  |  |  |  |
| 19                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures                                          |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |    |  |  |  |  |
| 20                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | Proper cold holding temperatures                                         |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |    |  |  |  |  |
| 21                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper date marking and disposition                                      |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |    |  |  |  |  |
| 22                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Time as a public health control: procedures and records                  |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                       | Consumer Advisory                                                        |  |  |  |  |     |  |  |  |  |                          |                          |   |  |  |    |  |  |  |  |
| 23                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | Consumer advisory provided for raw and undercooked food                  |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 4 |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                       | Highly Susceptible Populations                                           |  |  |  |  |     |  |  |  |  |                          |                          |   |  |  |    |  |  |  |  |
| 24                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | Pasteurized foods used; prohibited foods not offered                     |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                       | Chemicals                                                                |  |  |  |  |     |  |  |  |  |                          |                          |   |  |  |    |  |  |  |  |
| 25                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | Food additives: approved and properly used                               |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |    |  |  |  |  |
| 26                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                          | Toxic substances properly identified, stored, used                       |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |   |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                       | Conformance with Approved Procedures                                     |  |  |  |  |     |  |  |  |  |                          |                          |   |  |  |    |  |  |  |  |
| 27                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | Compliance with variance, specialized process, and HACCP plan            |  |  |  |  |     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | 5 |  |  |    |  |  |  |  |
|                   |                                     |                          |                                     |                          |                                                                          |  |  |  |  |     |  |  |  |  |                          |                          |   |  |  |    |  |  |  |  |

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

| GOOD RETAIL PRACTICES            |     |                                                                         |   |   |                                                 |   |    |
|----------------------------------|-----|-------------------------------------------------------------------------|---|---|-------------------------------------------------|---|----|
| OUT=not in compliance            |     | COS=corrected on-site during inspection                                 |   |   | R-repeat (violation of the same code provision) |   |    |
| Compliance Status                |     |                                                                         |   |   | COS                                             | R | WT |
| Safe Food and Water              |     |                                                                         |   |   |                                                 |   |    |
| 28                               | OUT | Pasteurized eggs used where required                                    | O | O | 1                                               |   |    |
| 29                               | O   | Water and ice from approved source                                      | O | O | 2                                               |   |    |
| 30                               | O   | Variance obtained for specialized processing methods                    | O | O | 1                                               |   |    |
| Food Temperature Control         |     |                                                                         |   |   |                                                 |   |    |
| 31                               | O   | Proper cooling methods used; adequate equipment for temperature control | O | O | 2                                               |   |    |
| 32                               | O   | Plant food properly cooked for hot holding                              | O | O | 1                                               |   |    |
| 33                               | O   | Approved thawing methods used                                           | O | O | 1                                               |   |    |
| 34                               | O   | Thermometers provided and accurate                                      | O | O | 1                                               |   |    |
| Food Identification              |     |                                                                         |   |   |                                                 |   |    |
| 35                               | O   | Food properly labeled; original container; required records available   | O | O | 1                                               |   |    |
| Prevention of Food Contamination |     |                                                                         |   |   |                                                 |   |    |
| 36                               | IN  | Insects, rodents, and animals not present                               | O | O | 2                                               |   |    |
| 37                               | IN  | Contamination prevented during food preparation, storage & display      | O | O | 1                                               |   |    |
| 38                               | O   | Personal cleanliness                                                    | O | O | 1                                               |   |    |
| 39                               | O   | Wiping cloths; properly used and stored                                 | O | O | 1                                               |   |    |
| 40                               | O   | Washing fruits and vegetables                                           | O | O | 1                                               |   |    |
| Proper Use of Utensils           |     |                                                                         |   |   |                                                 |   |    |
| 41                               | O   | In-use utensils; properly stored                                        | O | O | 1                                               |   |    |
| 42                               | O   | Utensils, equipment and linens; properly stored, dried, handled         | O | O | 1                                               |   |    |
| 43                               | O   | Single-use/single-service articles; properly stored, used               | O | O | 1                                               |   |    |
| 44                               | O   | Gloves used properly                                                    | O | O | 1                                               |   |    |

| Compliance Status          |    |                                                                                       |   |    | COS | R  | WT |
|----------------------------|----|---------------------------------------------------------------------------------------|---|----|-----|----|----|
| Utensils and Equipment     |    |                                                                                       |   |    |     |    |    |
| 45                         | IN | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | O | O  | 1   |    |    |
| 46                         | O  | Warewashing facilities, installed, maintained, used, test strips                      | O | O  | 1   |    |    |
| 47                         | IN | Nonfood-contact surfaces clean                                                        | O | O  | 1   |    |    |
| Physical Facilities        |    |                                                                                       |   |    |     |    |    |
| 48                         | O  | Hot and cold water available; adequate pressure                                       | O | O  | 2   |    |    |
| 49                         | O  | Plumbing installed; proper backflow devices                                           | O | O  | 2   |    |    |
| 50                         | O  | Sewage and waste water properly disposed                                              | O | O  | 2   |    |    |
| 51                         | O  | Toilet facilities; properly constructed, supplied, cleaned                            | O | O  | 1   |    |    |
| 52                         | IN | Garbage/refuse properly disposed; facilities maintained                               | O | O  | 1   |    |    |
| 53                         | IN | Physical facilities installed, maintained, and clean                                  | O | O  | 1   |    |    |
| 54                         | O  | Adequate ventilation and lighting; designated areas used                              | O | O  | 1   |    |    |
| Administrative Items       |    |                                                                                       |   |    |     |    |    |
| 55                         | O  | Current permit posted                                                                 | O | O  | 0   |    |    |
| 56                         | O  | Most recent inspection posted                                                         | O | O  |     |    |    |
| Compliance Status          |    |                                                                                       |   |    | YES | NO | WT |
| Non-Smokers Protection Act |    |                                                                                       |   |    |     |    |    |
| 57                         |    | Compliance with TN Non-Smoker Protection Act                                          | O | IN |     |    |    |
| 58                         |    | Tobacco products offered for sale                                                     | O | O  | 0   |    |    |
| 59                         |    | If tobacco products are sold, NSPA survey completed                                   | O | O  |     |    |    |

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.

Signature of Person In Charge S. P. FERN Date 01/09/2024 Signature of Environmental Health Specialist [Signature] Date 01/09/2024

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

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



|                                  |                         |
|----------------------------------|-------------------------|
| <b>Establishment Information</b> |                         |
| Establishment Name:              | Number 1 Bakery Abigail |
| Establishment Number #:          | 605314975               |

|                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>NSPA Survey – To be completed if #57 is "No"</b>                                                                                                               |  |
| 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.                                                                                                          |  |

|                         |                |     |                           |
|-------------------------|----------------|-----|---------------------------|
| <b>Warewashing Info</b> |                |     |                           |
| Machine Name            | Sanitizer Type | PPM | Temperature ( Fahrenheit) |
|                         |                |     |                           |

|                              |                           |
|------------------------------|---------------------------|
| <b>Equipment Temperature</b> |                           |
| Description                  | Temperature ( Fahrenheit) |
|                              |                           |

|                         |               |                           |
|-------------------------|---------------|---------------------------|
| <b>Food Temperature</b> |               |                           |
| Description             | State of Food | Temperature ( Fahrenheit) |
|                         |               |                           |

**Observed Violations****Total #** 6**Repeated #** 0

36:

37:

45:

47:

52:

53:

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FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Number 1 Bakery Abigail

Establishment Number : 605314975

**Comments/Other Observations**

- 1:
- 2:
- 3:
- 4:
- 5:
- 6:
- 7: Ca they have gloves to wear when touching ready to eat foods
- 8: Ca all handsinks are accessible and have soap and paper towels
- 9:
- 10:
- 11:
- 12:
- 13:
- 14: Ca all wooden trays made from plywood have been removed from the store
- 15:
- 16:
- 17:
- 18:
- 19:
- 20:
- 21:
- 22:
- 23:
- 24:
- 25:
- 26:
- 27:
- 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.

**Establishment Information**

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

**Establishment Information**

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Establishment Number #: 605314975

**Sources**

|              |         |
|--------------|---------|
| Source Type: | Source: |
| Source Type: | Source: |
| Source Type: | Source: |
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| Source Type: | Source: |

**Additional Comments**