

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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87

Establishment Name

Address

Ellington's Kitchen

Type of Establishment

O Fermer's Market Food Unit

Permanent

O Mobile

O Temporary

O Seasonal

Nashville Time in 04:25 PM AM / PM Time out 05:00; PM AM / PM

Inspection Date 09/29/2022 Establishment # 605313293 Embargoed 0

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

Risk Category O1 (22 O3 O4 Follow-up Required (2 Yes O No Number of Seats 144)
Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention

actors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Preventio 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 (IM, OUT, MA, 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 | | | | | | | | |
|--|-------------------|-----|----|----|---|-----|---|-----|
| | Compliance Status | | | | | cos | R | WT |
| | IN | OUT | NA | NO | Supervisien | | | |
| 1 | 氮 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | 380 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | X | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 氮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | 0 | 26 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 200 | 0 | | | Food obtained from approved source | 0 | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | 1 |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | 0 | 100 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| _ | | | | | Compliance Status | COS | к | WI |
|----|-----|-----|-----|----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | 0 | 黨 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 8 | 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 | Proper cooling time and temperature | 0 | 0 | |
| 19 | 0 | 0 | 0 | 文 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 245 | 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 | 333 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 黨 | 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 |

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

PRACTICES

| | | | GOO | | |
|----|-----|--|--------|---|----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | WT |
| | 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 | 0 | 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 | 338 | 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 | \top | | |
| 41 | 120 | 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 | | Gloves used properly | 0 | 0 | 1 |

| ecti | on | R-repeat (violation of the same code provision) Compliance Status | cos | R | w |
|------|-----|--|------|----|-----|
| | OUT | Utensiis and Equipment | - | - | - |
| 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 | - 2 |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | - 2 |
| 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 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | - |
| | OUT | Administrative Items | | | Ī |
| 55 | 0 | Current permit posted | 0 | 0 | - |
| 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 | 1 3% | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | • |
| 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, 68-14-705, 68-14-706, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

09/29/2022

09/29/2022

Signature of Person In Charge

Date Signature of Environmental Health Specialist

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: Ellington's Kitchen
Establishment Number #: [605313293]

| 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 inflitrating into areas where smoking is prohibited. | |
| Smoking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | | | | | |
|------------------|----------------|-----|---------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | |
| Low temp machine | CI | 100 | | | | | | | |
| | | | | | | | | | |

| Equipment Temperature | | | | | | |
|---------------------------------|----|--|--|--|--|--|
| Description Temperature (Fahren | | | | | | |
| Prep cooler | 38 | | | | | |
| Reach in cooler (4 door) | 40 | | | | | |
| Prep cooler 2 | 30 | | | | | |
| Walk in cooler | 39 | | | | | |

| | Temperature (Fahrenheit |
|--------------|--|
| Cold Holding | 38 |
| Cold Holding | 38 |
| Cooling | 59 |
| Cold Holding | 38 |
| Cold Holding | 41 |
| Cold Holding | 38 |
| Cold Holding | 39 |
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| | |
| | |
| | Cooling Cold Holding Cold Holding Cold Holding |

| Observed Violations | | | | | | | |
|---|--|--|--|--|--|--|--|
| Total # 6 | | | | | | | |
| Repeated # () | | | | | | | |
| 8: Observed dirty utensils stored in hand sink near grill. CA: removed dishes | | | | | | | |
| from handsink. | | | | | | | |
| 13: Observed raw chicken and raw seafood stored mix ob wire shelf in walk in | | | | | | | |
| cooler. CA: removed all product to proper storage. | | | | | | | |
| 27: Observed unlabeled vacuum sealed chicken stored in walk in cooler. CA: | | | | | | | |
| discussed importance of following approved HACCP; labeled product. | | | | | | | |
| 37: Observed ice build up in walk in freezer. | | | | | | | |
| 37: Observed employee cellphone stored on food prep surface. | | | | | | | |
| 41: Observed Handle of scoops stored down in dry product. | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Ellington's Kitchen
Establishment Number: 605313293

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: (IN): An employee health policy is available.
- 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: Observed adequate hand washing practice.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

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- 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.
- 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: (IN) All TCS foods are properly reheated for hot holding.

18:

20:

- 19: (NO) TCS food is not being held hot during inspection.
- 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: Verified.
- 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.

57:

58:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| | Establishment Information | |
|--|---|--|
| Comments/Other Observations (cont'd) Additional Comments (cont'd) | Establishment Name: Ellington's Kitchen | |
| Additional Comments (cont'd) | Establishment Number: 605313293 | |
| Additional Comments (cont'd) | | |
| Additional Comments (cont'd) | Comments/Other Observations (cont'd) | |
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| Establishment Information | | |
|---|---------|-----------------------------|
| Establishment Name: Ellington's Kitchen | | |
| Establishment Number #: 605313293 | | |
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| Sources | | 1 |
| | | |
| Source Type: Food | Source: | Us Foods, Creation Gardens. |
| | | |
| Source Type: | Source: | |
| _ | | |
| Source Type: | Source: | |
| | | |
| Source Type: | Source: | |
| Course Turner | Source: | |
| Source Type: | Source. | |
| Additional Commonts | | |
| Additional Comments | | |
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