TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| No. | 100 | 744 | A.C. | | | | | | | | | | | | | O Ennuis Visital Enni | | | 1 | |
|--------------------|--|--------------------------|-------------------|-----------|---|--|---------------------|--|---------|--------------|----------|----------|------------|---------|---------|---|--|------------|--------|--------|
| Establishment Name | | Safari Hookah Restaurant | | | | | | Type of Establishment O Fermer's Market Food Unit O Mobile | | | | | | | 1 | | | | | |
| Address | | | | | 3734 Nolensville Rd. O Temporary O Seasonal | | | | | | | | | | | | | | | |
| City | | | | | Nashville Time in 01:35 PM AM / PM Time out 02:00: PM AM / PM | | | | | | | | | | | | | | | |
| Ins | Inspection Date 05/21/2024 Establishin | | | | | 4 Establishment # | 60522535 | 5 | | | Embe | rgoe | d (|) | | | | | | |
| Pur | pose | of In | spec | | ORoutine | 篇 Follow-up | O Complaint | | | o Pr | | | | | Cor | nsultation/Other | | | | |
| Ris | k Ca | tegor | y | | O 1 | 302 | 03 | | | 04 | | | | Fo | ollow- | up Required O Yes | 觐 No Number o | f Seats | 80 |) |
| Γ | | R | isk | | | | | | | | | | | | | to the Centers for Disc control measures to pro- | | | | |
| | | | | | ind compliance status | | | | | | | | | | | INTERVENTIONS | t solata for calassory or anke | | | |
| 119 | (Mark designated compliance status (IK, OUT, KA, NO) for each annhered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory 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 | | | | | | | | | rision) | | | | | | | | | | |
| h | IN | OUT | NA | NO | Comp | liance Status Supervision | | cos | R | WT | h | IN | ou | NA | NO | Compliance Stat Cooking and Reheating | tus g of Time/Temperature | COS | | WT |
| 1 | 黨 | 0 | | | | esent, demonstrates kno | owledge, and | 0 | 0 | 5 | 16 | 0 | 0 | | | Control For Safe Proper cooking time and tem | ety (TCS) Foods | | | |
| | IN | | NA | NO | | Employee Health | | | | _ | | ŏ | ŏ | ŏ | | Proper reheating procedures | | ŏ | 00 | 5 |
| 2 | XX | 0 | | | Management and to Proper use of restric | od employee awarenes: tion and exclusion | s; reporting | 0 | 0 | 5 | | IN | ουι | NA | NO | Cooling and Holding, Da | te Marking, and Time a aith Control | • | | |
| | IN | OUT | NA | | Geo | d Hygionic Practicos | | - | | - | | 0 | 0 | | X | Proper cooling time and tem | | | 0 | _ |
| 4 | XX | 0 | | | | g, drinking, or tobacco u eyes, nose, and mouth | 15e | 0 | 8 | 5 | 19 | 22 | 00 | 8 | | Proper hot holding temperat. Proper cold holding temperat | | 0 | 0 | |
| 6 | IN | OUT | NA | NO | Preventin | g Contamination by | Hands | | | | 21 | X | | | | Proper date marking and dis | | ŏ | ŏ | 5 |
| 6 7 | 直区 | 0 | 0 | 6 | Hands clean and pro No bare hand conta | openy washed ct with ready-to-eat food | is or approved | 0 | 0 0 | 5 | 22 | 0 | 0 | × | | Time as a public health contr | | 0 | 0 | |
| 8 | X | 0 | | - | alternate procedures Handwashing sinks | s followed properly supplied and a | coessible | | 0 | 2 | - | IN | 001 | _ | NO | Consumer Consumer advisory provided | for raw and undercooked | - | | |
| 9 | IN 寫 | OUT | NA | NO | Food obtained from | Approved Source | | 0 | | _ | 23 | O IN | 0 | NA NA | NO | food Highly Suscenti | ble Populations | 0 | 0 | • |
| 10 | 0 | 0 | 0 | 122 | Food received at pre | oper temperature | | 0 | 0 | | 24 | | 0 | 25 | nio - | Pasteurized foods used; prol | | 0 | 0 | 5 |
| 11 12 | <u>×</u> | 0 | × | 0 | | ion, safe, and unadultera vailable: shell stock tags | | 0 | 0 0 | 5 | H | IN | 001 | | NO | | nicals | + | | • |
| 12 | | - | | NO | destruction Protect | tion from Contaminat | tion | - | - | _ | 25 | 0 | 0 | | | Food additives: approved an | | - | | |
| 13 | 54 | 0 | 0 | | Food separated and | i protected | | | 0 | | 26 | 黛 | 0 | | · | Toxic substances properly id | lentified, stored, used | ŏ | 0 | 5 |
| 14 | | 0 | 0 | J | | es: cleaned and sanitize f unsafe food, returned f | | 0 | 0 | 5 | 27 | IN O | 001 | NA | NO | Conformance with A Compliance with variance, s | pecialized process, and | 0 | | |
| 15 | 2 | 0 | | | served | - | | 0 | 0 | 2 | 27 | 0 | 0 | × | | HACCP plan | | 0 | 0 | 5 |
| | | | | Goo | d Retail Practice | is are preventive m | easures to co | ntro | l the | intr | oduc | tion | of | patho | gens | , chemicals, and physic | al objects into foods. | | | |
| | | | | | | | COS=corre | GOO | | | | | | 8 | | | | | | |
| E | _ | | _ | 00 | | iance Status | cos-corre | | R | | | | | | | Compliance St | | | R | WT |
| | 28 | OUT | _ | eurize | Safe Fo ed eggs used where r | ood and Water required | | 0 | 0 | 1 | 4 | | UT D | ood a | nd no | Utensils and Equi nfood-contact surfaces clean | | | | |
| | 29 30 | | | | lice from approved s | ource ed processing methods | | 0 | 00 | 2 | \vdash | + | - | | | and used | | 0 | 0 | 1 |
| Ë | | OUT | | | Food Tem | perature Control | | | | | 4 | | _ | | | g facilities, installed, maintain | ed, used, test strips | 0 | 0 | 1 |
| : | и | 0 | Prop | | oling methods used; | adequate equipment for | temperature | 0 | 0 | 2 | 4 | _ | 1 O 110 | Vontoo | d-cor | htact surfaces clean Physical Facilit | ties | 0 | 0 | 1 |
| | 2 | | | | properly cooked for | | | | 0 | 1 | 4 | | | | | water available; adequate pr | ressure | | 8 | 2 |
| | 13 14 | | <u> </u> | | thawing methods use eters provided and a | | | 0 | 0 | 1 | 4 | _ | | | - T | stalled; proper backflow device waste water properly dispose | | 0 | 6 | 2 |
| | | OUT | _ | | | identification | | | | | 5 | _ | | | | es: properly constructed, supp | | 0 | 0 | 1 |
| Ľ | 35 | 0 | | d prop | | container; required reco | | 0 | 0 | 1 | 5 | | - | | | use properly disposed; facilitie | | 0 | 0 | 1 |
| | 6 | OUT | _ | cts ro | dents, and animals r | Food Contamination | | 0 | 0 | 2 | 5 | +* | _ | | | lities installed, maintained, an intilation and lighting; designa | | 0 | 0 | 1 |
| ⊢ | 97 | 0 | - | | | g food preparation, store | noo 8 disolay | 0 | 0 | 1 | F | - | UT | | | Administrative I | | + | | |
| | 38 | - | | | leanliness | grood preparation, acon | ege a aispiely | 0 | 0 | - | 5 | | - | Current | t nern | nit posted | | 0 | 0 | |
| | 39 | Ó | Wipi | ng cic | ths; properly used an | nd stored | | 0 | 0 | 1 | _ | | | | | inspection posted | | 0 | 0 | 0 |
| Ľ | 10 | O OUT | _ | hing f | ruits and vegetables Proper | Use of Utensils | | 0 | 0 | 1 | H | | | _ | _ | Compliance Sta Non-Smokers P | | YES | NO | WT |
| | 11 | 0 | In-us | | nsils; properly stored | | handlad | 0 | 8 | 1 | 5 | 1 | | | | with TN Non-Smoker Protect ducts offered for sale | | 8 | 8 | 0 |
| | 13 | 0 | Sing | le-use | single-service articl | propeny stored, dried, es; properly stored, used | | 0 | 0 | 1 | 5 | 5 | | | | oducts are sold, NSPA surve | y completed | | ŏ | v |
| 1 | 14 | | | | ed properly | | | | 0 | _ | | | | | | | | | | |
| serv | ńce e | stablis | shmer | nt perm | nit. Items identified as | constituting imminent heal | th hazards shall be | e corre | cted is | mmed | ately | or ope | matio | ns shal | l ceas | Repeated violation of an identic e. You are required to post the f | ood service establishment per | mit in a | consp | icuous |
| | nera xt. T | | sectio | ns 68- | 14-703, 68-14-706, 68-14 | t in a conspicuous manner 1-700, 68-14-709, 68-14-711, | 68-14-715, 68-14-7 | 16, 4-5 | 320. | a nei | ang r | ogard | | из теро | | lling a written request with the C | onenasioner within ten (10) d | ayes of th | e date | 01095 |
| | (D | N | $\langle \rangle$ | $ \land $ | NT | シ | 05/2 | 21/2 | 024 | ļ | | , | 10 | 2h | 1 | Michael | | 05/2 | 21/2 | 2024 |
| Sig | natu | re of | Pers | ion In | Charge | ~ | | | [| Date | Si | natu | re of | 'Envir | | ental Health Specialist | | | | Date |
| | | | | | | Additional food safety | information can | be fo | und o | on ou | r wet | site, | http | c//tn.g | jow/h | ealth/article/eh-foodservio | Ce **** | | | |
| PH- | 2267 | (Rev. | 6-15 |) | | Free food safety t Please | | | | lable 405 | | | onth | | | inty health department. p for a class. | | | R | DA 629 |
| L | | | | | | r lease | Van (| 10. | r J J | 400 | וצטי | <u>ر</u> | | 10.26 | gri - U | prora cialaa. | | | | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Safari Hookah Restaurant Establishment Number # 605225355

| 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) | | | | | | | | |
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| Equipment Temperature | | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Decoription | Temperature (Fahrenheit) | | | | | | | |
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| ecoription | State of Food | Temperature (Fahrenheit |
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| Observed Violations | | |
|---------------------------|--|--|
| Total # 3 | | |
| Total # 3 Repeated # 0 | | |
| 53: | | |
| 55: | | |
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| 56: | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Safari Hookah Restaurant Establishment Number : 605225355

| Comments/Other Observations (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equipped and conveniently located for food employee use. (IN): All handsinks are properly equip | |
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***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

Establishment Name: Safari Hookah Restaurant

Establishment Number : 605225355

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Safari Hookah Restaurant Establishment Number #: 605225355

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

Additional Comments

The critical item #8 mentioned in complete inspection report on 5/15/2024 has been corrected.