



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
76

Establishment Name Music City Gyros 8 MT#1043 Type of Establishment Farmer's Market Food Unit Permanent Mobile

Address 450 Donelson Pike Temporary Seasonal

City Nashville Time in 12:57 PM AM / PM Time out 01:36 PM AM / PM

Inspection Date 08/01/2023 Establishment # 605319063 Embargoed 3

Purpose of Inspection Routine Follow-up Complaint Preliminary Consultation/Other

Risk Category 1 2 3 4 Follow-up Required Yes No Number of Seats _____

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.)

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
Supervision							
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	5
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"/>	5
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"/>	5
Preventing Contamination by Hands							
6	<input type="checkbox"/>	<input checked="" 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"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	<input type="checkbox"/>	<input type="checkbox"/>	5
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Handwashing sinks properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	2
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 checked="" type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	5
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	5
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
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods							
16	<input checked="" type="checkbox"/>	<input 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"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	5
Cooling and Holding, Date Marking, and Time as a Public Health Control							
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	5
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	5
21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	5
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	5
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
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
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 type="checkbox"/>	<input checked="" type="checkbox"/>		Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	5
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

Compliance Status					COS	R	WT
OUT							
Safe Food and Water							
28	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
29	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
30	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Food Temperature Control							
31	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
32	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
33	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
34	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Food Identification							
35	<input type="checkbox"/>	Food properly labeled; original container; required records available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Prevention of Food Contamination							
36	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
37	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
38	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
39	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
40	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Proper Use of Utensils							
41	<input type="checkbox"/>	In-use utensils; properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
42	<input type="checkbox"/>	Utensils, equipment and linens; properly stored, dried, handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
43	<input type="checkbox"/>	Single-use/single-service articles; properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
44	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Utensils and Equipment							
45	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
46	<input checked="" type="checkbox"/>	Warewashing facilities, installed, maintained, used, test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
47	<input type="checkbox"/>	Nonfood-contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Physical Facilities							
48	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
49	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
50	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
51	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
52	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
53	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
54	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Administrative Items							
55	<input type="checkbox"/>	Current permit posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
56	<input type="checkbox"/>	Most recent inspection posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
Compliance Status							
							YES NO WT
Non-Smokers Protection Act							
57	<input checked="" type="checkbox"/>	Compliance with TN Non-Smoker Protection Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
58	<input type="checkbox"/>	Tobacco products offered for sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
59	<input type="checkbox"/>	If tobacco products are sold, NSPA survey completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

Signature of Person In Charge [Signature] Date 08/01/2023 Signature of Environmental Health Specialist [Signature] Date 08/01/2023

**** 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



Establishment Information

Establishment Name: Music City Gyros 8 MT#1043
 Establishment Number #: 605319063

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)
3 comp not set up	Cl		

Equipment Temperature

Description	Temperature (Fahrenheit)
Pc	39
Fridge	40

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Pan of shaved gyro meat by gyro machine	Hot Holding	80
Pan of rice stored on top of pan of rice on stove	Hot Holding	110
Chicken in pan on stove	Hot Holding	138
Diced tomatoes in pc	Cold Holding	40
Cooked gyro meat	Cooking	165

Observed Violations

Total # 10

Repeated # 0

- 1: Due to large amount of priority violations, managerial control needs improvement.
- 6: Observed employee take an order, put on gloves and began prepping the order without washing hands first.
- 8: Hand washing sink has numerous items stored i side making it impossible to wash hands.
- 8: Switch to water pump is turned off.
- 19: Heat on gyro machine is not on.
- 19: Pan of rice. See temp log. Cos by discarding.
- 19: Pan of gyro meat. See temp log. Discarded 2lbs.
- 26: Spray bottle of windex not labeled.
- 46: Using pool and spa cl test strips.
- 53: All windows and doors are open.



Establishment Information

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Establishment Number : 605319063

Comments/Other Observations

- 2: Pic has some knowledge
- 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.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 9: See Source
- 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: In range
- 17: (NO) No TCS foods reheated during inspection.
- 18: No cooling
- 20: In range
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.
- 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

Establishment Name: Music City Gyros 8 MT#1043

Establishment Number : 605319063

Comments/Other Observations (cont'd)

Additional Comments (cont'd)

See last page for additional comments.

Establishment Information

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Establishment Number #: 605319063

Sources

Source Type: Food Source: Restaurant depot, pfg

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

Additional Comments

Spoke with owner by phone. He assured me these issues would be corrected by phone.

I will return within 10 days to verify all priority violations have been corrected.