

City

Risk Category

Signature of Person in Charge

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Number of Seats 75

O Farmer's Market Food Unit LE LOUP Remanent O Mobile Establishment Name Type of Establishment 1400 ADAM STREET O Temporary O Seasonal Address Nashville

Time in 02:25 PM AM/PM Time out 02:40: PM AM/PM 10/04/2023 Establishment # 605261978 Embargoed 0 Inspection Date

日本 Follow-up O Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

ase Control and Prevention

04

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Follow-up Required

	e-in c	umpii	ance		OUT-not in compliance NA-not applicable NO-not deserve	J/G			
					Compliance Status	cos	R	WT	
	IN	OUT	NA	NO	Supervision				
1	0	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	
	IN	OUT	NA	NO	Employee Health				
2	0	0			Management and food employee awareness; reporting	0	0		
3	0	0			Proper use of restriction and exclusion	0	0	5	
	IN	OUT	NA	NO	Good Hygienic Practices				
4	0	0		0	Proper eating, tasting, drinking, or tobacco use	0	0		
5	0	0		0	No discharge from eyes, nose, and mouth	0	0		
	IN	OUT	NA	NO	Preventing Contamination by Hands				
6	0	0		0	Hands clean and properly washed	0	0		
7	0	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	
8	0	0			Handwashing sinks properly supplied and accessible	0	0	2	
	IN	OUT	NA	NO	Approved Source				
9	0	0			Food obtained from approved source	0	0		
10	0	0	0	0	Food received at proper temperature	0	0		
11	0	0			Food in good condition, safe, and unadulterated	0	0	5	
12	0	0	0	0	Required records available: shell stock tags, parasite destruction	0	0		
	IN	OUT	NA	NO	Protection from Contamination				
13	0	0	0		Food separated and protected	0	0	4	
14	0	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	
15	0	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	

					Compliance Status	COS	R	WT
	IN	оит	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	0	Proper reheating procedures for hot holding	0	0	
	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	Proper hot holding temperatures	0	0	
20	_	0	0		Proper cold holding temperatures	0	0	5
21	0	0	0	0	Proper date marking and disposition	0	0	1
22	0	0	0	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	0		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	0		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	0		Food additives: approved and properly used	0	0	5
26	0	0			Toxic substances properly identified, stored, used	0	0	ů
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	0		Compliance with variance, specialized process, and HACCP plan	0	0	5

O Yes 疑 No

			GOO	D R	ч.	UL I	PRA	TIC	E5			
	OUT=not in compliance COS=corrected on-site during inspection R-repeat (violation of the same code provision)											
Compliance Status COS R WT Compliance Status CO							COS	R	WT			
	OUT	Safe Food and Water				1 [OUT	Utensiis and Equipment			
28	0	Pasteurized eggs used where required	0	ТО	1	11	45	0	Food and nonfood-contact surfaces cleanable, properly designed,	0	0	•
29	0	Water and ice from approved source	0		2	1 I	40	0	constructed, and used	_	u	'
30		Variance obtained for specialized processing methods	0	0	1	1 C	46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	4
	OUT	Food Temperature Control	Food Temperature Control 49 Vivarewashing racilizes, installed, maintained, used, test strips			_						
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	1 [47	0	Nonfood-contact surfaces clean	0	0	1
31	١٠	control	١٠	١٩	2	11		OUT	Physical Facilities		_	
32	0	Plant food properly cooked for hot holding	0	0	1	11	48	0	Hot and cold water available; adequate pressure	0	ा	2
33	_	Approved thawing methods used	ō	ō	1	11	49		Plumbing installed, proper backflow devices	ō	ō	2
34	0	Thermometers provided and accurate	0	О	1	11	50		Sewage and waste water properly disposed	0	0	2
	OUT		Ť	-		ı t	51		Toilet facilities: properly constructed, supplied, cleaned	ō	ō	1
35	0	Food properly labeled; original container; required records available	0	Го	1	11	52		Garbage/refuse properly disposed; facilities maintained	0	ō	1
-	OUT	Prevention of Feed Contamination		\perp	_	4 1	53	3	Physical facilities installed, maintained, and clean	0	0	1
_	-		-		_	4 6					$\overline{}$	
36	0	Insects, rodents, and animals not present	0	0	2	IJ	54	0	Adequate ventilation and lighting; designated areas used	0	0	1
37	0	Contamination prevented during food preparation, storage & display	0	0	1	Ш		OUT	Administrative Items			
38	0	Personal cleanliness	0	0	1	11	55	0	Current permit posted	0	ा	0
39	0	Wiping cloths; properly used and stored	0	0	1	11	56	0	Most recent inspection posted	0	0	v
40	0	Washing fruits and vegetables	0	0	1	11			Compliance Status	YES	NO	WT
	OUT	Proper Use of Utensils				1 [Non-Smokers Protection Act			
41	0	In-use utensils; properly stored	0	0	1	1 l	57 58		Compliance with TN Non-Smoker Protection Act	0		
42		Utensils, equipment and linens; properly stored, dried, handled	0	0	1	1 [58		Tobacco products offered for sale	0	0	0
43	0	Single-use/single-service articles; properly stored, used	0	0	1	1 t	59		If tobacco products are sold, NSPA survey completed	0	0	
44	0	Gloves used properly	0	0	1	Ι,						

You have the right to request a hearing regarding this report by filing a w n ten (10) days of the date of th

10/04/2023

Date Signature of Environmental Health Specialist

Date

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

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 6153405620 Please call (to sign-up for a class.

10/04/2023

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information									
Establishment Name: LE LOUP									
Establishment Number #: 605261978									
NCDA Common To be completed if	#F7 := #M=#								
NSPA Survey – To be completed if		facilities at all times to o	ersons who are						
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	s in non-enclosed areas are r	not completely removed	or open.						
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.							
Smoking observed where smoking is prohibited	by the Act.								
Warewashing Info	- 4	1	1						
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)					
		•							
Equipment Temperature									
Equipment Temperature Description			Temperature (Fahr	renheit)					
			Temperature (Fahr	renheit)					
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			Temperature (Fahr	renheit)					
Description		State of Food	Temperature (Fahr						
Food Temperature		State of Food							
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Food Temperature		State of Food							

Observed \	Violations
Total #	
Repeated #	0
53:	
""See page at	the end of this document for any violations that could not be displayed in this space.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information
Establishment Name: LE LOUP



Establishment Number: 605261978		
C		
Comments/Other Observations		
57: 58:		
<u>. </u>		
***See page at the end of this document for any violations that could no	ot 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 Name: LE LOUP		
Establishment Number: 605261978		
Comments/Other Observations (cont'd)		
Additional Comments (cont'd)		
See last page for additional comments.		
oce hast page for additional comments.		

Establishment Information

Establishment Information					
Establishment Name: LE LOUP					
Establishment Number # 605261978					
Sources					
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Additional Comments					