## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

# LE LOUP 

Establishment Name
Address
1400 ADAM STREET
Type of Estatishement
O Farmer's Market Food Unit E Permanent OMobile - Temporary O Seasonal Nashville 10/19/2022 Essabsosmenta 605261978 Time in 06:10 PM AM/PM Time out 06:35: PM

AM/PM
City 10/19 O Follow-up

O Complaint O Preliminary

O Consulation/Other
Purpose of inspection 01 52
$\mathrm{O}_{3}$
$3 \quad 04$
Folow-up Required O Yes $\mathrm{Q}_{\mathrm{X}} \mathrm{No}$
Number of Seats 75
Risk Category 0
75
Risk Factors aro food proparation practices and employee behaviors most commonly roported to the centers for Disease Control and Prove
ass contributing factors in foodborme iliness outbreaks. Public Health Interventions are control measures to prevent illiness or injury.
FOODBORNE ILLNESS RISK FACTORS AND PUBLLC MEALTH INTERVENTIONS
MA


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





$\xrightarrow{\text { anm }}$
Signature of Person In Charge

10/19/2022
Date

10/19/2022
.... Additional food safety irformation can be found on cur website, httpo/itn.gowhealth/article/eh-foodservice $\cdots$

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

| Establishment Information |
| :--- |
| Establahment Name: LE LOUP |
| Establahment: Number $: \quad 605261978$ |


| NSPA Survey - To be completed if \#57 is "No" |  |
| :---: | :---: |
| Age-reatricted venue does not atirnatively restrict access to its bullings or faclities 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 acceptabie form of identification. |  |
| "No 3moking" slans or the intemational "Non-Smoking" symbol are not consplcuously posted at every entrance. |  |
| Garage type doors in non-enciosed areas are not completely open. |  |
| Tents or awnings with removabie sides or vents in non-enciosed areas are not completely removed or open. |  |
| 3moke from non-encioced areas is infitrating into areas where amoking is prohibited. |  |
| 3moking observed where amoking is prohlblted by the Act. |  |


| Warewashing Info |  |  |  |  | sanitizer Type | PPM | Temperature ( Fahrenhelt) |
| :--- | :--- | :--- | :--- | :---: | :---: | :---: | :---: |
| Mashine Name | Chlorine | 50 |  |  |  |  |  |
| Chemical dishwasher |  |  |  |  |  |  |  |


| Equipment Temperature | Temperaturo (Fahrenhait) |
| :--- | :--- |
| Docoriptlon | 35 |
| Beverage cooler | 38 |
| Wine cooler | 37 |
| Coctail cooler | -3 |
| Reach-in Freezer 1 |  |


| Food Temperature | stato of Food | Temperature ( Fahrenheit) |
| :--- | :--- | :--- |
| Decoription |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

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## Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
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:
7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
9:
10: (IN) All food received was in good condition and at the proper temperature.
11: (IN) All food was in good, sound condition at time of inspection.
12: No oysters being served at time of inspection
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: (NA) No raw animal foods served.
17: (NA) No TCS foods reheated for hot holding.
18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
19: (NA) Establishment does not hot hold TCS foods.
20: (NO) No TCS foods are being held cold during the inspection.
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.
26: (IN) All poisonous or toxic items are properly identified, stored, and used.
27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes
${ }^{* *}$ 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.

[^0]Comments/Other Observations (cont'd)

Additional Comments (cont'd)

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| Establishment Number \#. | 605261978 |
| :--- | :--- | :--- |

## Sources

Source Type:
Source:

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## Additional Comments


[^0]:    *"See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

