

Establishment Name

Purpose of Inspection

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Time in 10:16 AM AM / PM Time out 11:00; AM

O Farmer's Market Food Unit

Permanent O Mobile Type of Establishment

O Temporary O Seasonal

SCORE

07/25/2024 Establishment # 605319344 Embargoed 0 Inspection Date

O Follow-up

City Hall Cafeteria

132 W Main St

Gallatin

KRoutine

O Preliminary O Consultation/Other

Number of Seats 175 Risk Category О3 Follow-up Required O Yes 疑 No

O Complaint

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

10	e in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observ			C
					Compliance Status	cos	R	WT
	IN OUT NA NO Supervisien							
1	氮	Person in charge present, demonstrates knowledge, and performs duties		0	0	5		
	IN	OUT	NA	NO	Employee Health			
2	$\exists x$	0			Management and food employee awareness; reporting	0	0	
3	第0			Proper use of restriction and exclusion	0	0	5	
	IN	OUT	NA	NO	Good Hygienic Practices	\Box		
4	0	0		X	Proper eating, tasting, drinking, or tobacco use	0	0	
5	0	0		*	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	0	0		3%	Hands clean and properly washed	0	0	
7	0	0	0	×	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×				Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	3%	Food received at proper temperature	0	0	
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	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						К	**:
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	20	Proper cooking time and temperatures	0	0	5
17	0	0	0	200	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	X	0	Proper cooling time and temperature	0	0	
19	0	0	0	文	Proper hot holding temperatures	0	0	
20		0	0		Proper cold holding temperatures	0	0	5
21	0	0	0	100	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	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	IN OUT NA NO Chemicals						
25		0	X		Food additives: approved and properly used	0	0	- 6
26	×	0			Toxic substances properly identified, stored, used		0	۰
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

		AUV	G00		
		OUT=not in compliance COS=con			
	Tarre	Compliance Status	cos	K	Ľ
	OUT		-	_	_
28	0	Pasteurized eggs used where required	0	0	Ι.
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	L.
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	:
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	Ι.
34	0	Thermometers provided and accurate	0	0	Г
	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	:
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	Г
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Ι,
43	0	Single-use/single-service articles; properly stored, used	0	0	r
44	0	Gloves used properly	0	0	

specti	ion	R-repeat (violation of the same code provision)		
		Compliance Status	COS	R	WT
	OUT	Utensiis and Equipment			
45	M	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	1
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	2%	Physical facilities installed, maintained, and clean	0	0	1
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	WT
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

rt in a conspicuous manner. You have the right to request a h I-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of the

07/25/2024

07/25/2024

Signature of Person In Charge

Signature of Environmental Health Specialist

Date

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

Date

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 6152061100 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information								
	Establishment Name: City Hall Cafeteria							
Establishment Number #: 605319344								
-								
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-Si	"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.							
Garage type doors in non-enclosed areas are n	not completely open.							
Tents or awnings with removable sides or vents	s in non-enclosed areas are	not completely remove	d or open.					
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is	prohibited.						
Smoking observed where smoking is prohibited	i by the Act.							
Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fal	hrenhelt)				
3 comp sink not set up								
Dish machine not used.								
Equipment Temperature								
Description			Temperature (Fah					
				irenneit)				
Reach in cooler			38					
			1					
Food Temperature								
Description		State of Food	Temperature (Fah	renhelt)				

Description	State of Food	Temperature (Fahrenheit)
No tcs food during inspection.		
. To too room daming interpretation.		

Observed Violations						
Total # 2						
Repeated # ()						
45: Pitted stained cutting board on prep table.						
53: Floor dirty behind cook line.						

[&]quot;"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: City Hall Cafeteria Establishment Number: 605319344

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Discussed symptoms.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (N.O.) No food workers present.
- 5: (N.O.) No food workers present at the time of inspection.
- 6: No prep during inspection.
- 7: (NO) No food workers present during the inspection.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See list
- 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: No tcs food during inspection.
- 14: Discussed ware washing.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: No cooking during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No cooling perofrmed.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: No tcs fold during 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.

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: City Hall Cafeteria	
Establishment Number: 605319344	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information									
Establishment Name: City Hall Cafeteria									
Establishment Number #:	605319344								
Sources									
Source Type:	Food	Source:	Supplied by individuals using						
Source Type:	Water	Source:	City						
Source Type:		Source:							
Source Type:		Source:							
Source Type:		Source:							
Additional Comme	nts								