TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Carlos and	1000	ALC: N	A.													O Fermer's Market Food Unit	7	ſ	1
Establishment Name				na Ice of North Nashville KEV 2.0					O Fermer's Market Food Unit Type of Establishment O Mobile							J			
Address 3014 Melbourne Ct East						_					O Temporary O Seasonal								
City					Mount Jul				L:2	0 A	M	_ A	M/P	M Ti	me o	и 11:40:АМ АМ/РМ			
Insp	ectio	on Da	rte		04/25/2	024 Establishmen	t# <u>60530461</u>	9		_	Emba	argoe	d Q)					
Ρυη	ose	of In	spect	tion	Routine	O Follow-up	O Complaint			O Pr	elimin	ary		c	Cor	nsuitation/Other			
Risi	Cat	egon	v		篇1	02	03			04				Fo	ollow-	up Required O Yes 鋭 No Number of	Seats		
Γ		R														to the Centers for Disease Control and Preve	ntion	_	
				as c	ontributing f					_						control measures to prevent illness or injury. INTERVENTIONS			
		(11	ırk de	algna	ted compliance a											ach item as applicable. Deduct points for category or subca	tegory.)	
IN	⊧in c	ompii	ance			pliance NA=not applicat ompliance Status	ble NO=not observe		R) S=cc	rrecte	d on-i	site dur	ing ins	pection R=repeat (violation of the same code provi			WT
h	IN	OUT	NA	NO		Supervision						IN	001	r NA	NO	Cooking and Reheating of Time/Temperature		~1	
1	黨	0				ge present, demonstrate	es knowledge, and	0	0	5						Control For Safety (TCS) Foods		-	
H	IN	OUT	NA	NO	performs duties	S Employee Healt	h	-		-		0	00			Proper cooking time and temperatures Proper reheating procedures for hot holding	0	8	5
23	X	0				ind food employee awar			0	5		IN	ου	r na	NO	Cooling and Holding, Date Marking, and Time as	_		
3	_	_	NA	NO		Good Hygionic Pract		0	0	_	12	0	0	YIZ	0	Public Health Centrel Proper cooling time and temperature	0		
4	0	0	nea			tasting, drinking, or tobe			0	5	19	0	0	蜸		Proper lot holding temperatures	0	0	
5	0	0	NA			rom eyes, nose, and mo enting Contamination		0	0	°	20	20	8		0	Proper cold holding temperatures Proper date marking and disposition	8	8	5
6	0	0	1404			nd properly washed	n by rianus	0	0		22		0		-	Time as a public health control: procedures and records	ō	ŏ	
7	0	0	0	×	alternate proce	contact with ready-to-ea dures followed	t foods or approved	0	0	5	-	IN			NO	Consumer Advisory	Ť	-	
8	×	0	NA	-	Handwashing s	Approved Source Approved Source from approved source at proper temperature	and accessible	0	0	2	23	0	0			Consumer advisory provided for raw and undercooked food	0	0	4
9	黨	0	nen -	no	Food obtained	from approved source	•		0			IN	OUT	r na	NO	Highly Susceptible Populations		_	
10 11	0 ※	00	0	24	Food received Food in good c	at proper temperature ondition, safe, and unac	ulterated	0	0	5	24	0	0	88		Pasteurized foods used; prohibited foods not offered	0	0	5
12	õ	ō	×	0		ds available: shell stock		ō	ō			IN	our	r NA	NO	Chemicals			
	IN	OUT	NA	NO		stection from Contar	nination				25	0			 -	Food additives: approved and properly used	0	0	5
13		0	8			d and protected urfaces: cleaned and sa	nitized		0		26	_		r na	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures	0	0	÷
15	8	ŏ	Ĕ		Proper disposit	tion of unsafe food, retu		-	-		27	_	-	8	110	Compliance with variance, specialized process, and	0	0	5
	~	-			served			-	-	-		-	-	1~		HACCP plan	-	-	-
L				God	d Retail Prac	ctices are prevention	re measures to co	ntro	l the	intr	oduc	tion	of	patho	gens	, chemicals, and physical objects into foods.			
										аr/\				83					
\vdash				00	T=not in complian	ce Smpliance Status	COS=corre		R		inspe	ction				R-repeat (violation of the same code provision) Compliance Status	COS	R	WT
2	_	OUT	Dact	0.057	Sa ed eggs used wi	fe Food and Water		0	0	-			TUK	Food a	nd no	Utensils and Equipment nfood-contact surfaces cleanable, properly designed,			
2	9	0	Wate	er and	ice from appro	ved source		0	0	2	4	5				and used	0	0	1
	0	0 0UT	Varia	ince		cialized processing met Temperature Contro		0	0	1	4	6	o \	Warew	ashin	g facilities, installed, maintained, used, test strips	0	0	1
3	1	0				sed; adequate equipme		0	0	2	4	_	-	Nonfoo	d-cor	tact surfaces clean	0	0	1
3	2	0	contr Plant		property cooke	d for hot holding		0	0	1	4			Hot and	d cold	Physical Facilities	0	о	2
3	3	0	Appr	oved	thawing method	ds used		0	0	1	4	9	Õ l	Plumbi	ng ins	stalled; proper backflow devices	0	0	2
3	4	OUT	Then	mom	eters provided a	od identification		0	0	1	5	_	-			waste water properly disposed is: properly constructed, supplied, cleaned	0	0	2
3	5		Food	i prop		ginal container; required	records available	0	0	1	5	_	_			use properly disposed; facilities maintained	0	ō	1
		OUT			Preventio	on of Food Contamin	ation				5	3	o	Physica	al fac	lities installed, maintained, and clean	0	0	1
3	6	0	Insec	cts, ro	dents, and anin	nais not present		0	0	2	5	4	0 /	Adequa	ate ve	ntilation and lighting; designated areas used	0	0	1
3	7	0	Cont	amin	ation prevented	during food preparation,	storage & display	0	0	1		0	UТ			Administrative Items			
3	8	0	Pers	onal	leanliness			0	0	1	5				-	nit posted	0	0	0
	•	$\overline{\mathbf{a}}$		- N	ths; properly us ruits and vegeta				0		5	6	0	Most re	cent	Compliance Status	0 VES		WT
F.	9		Wael	· · · · · ·				<u> </u>		-				_		Non-Smokers Protection Act	16.0	_	
	9	O TUO			Pro	per Use of Utensils				_	the second se	and the second	_				-	and the second se	
4	9	0 OUT O	In-us		Pro nsils; properly s	tored	ried, handled		8		5					with TN Non-Smoker Protection Act ducts offered for sale	8	읭	0
4	9 0 1 2 3	00000	In-us Uten Singi	sils, e le-use	Pro nsils; properly s equipment and li a/single-service			0	0	1	5 5 5	8		Tobacc	o pro	with TN Non-Smoker Protection Act ducts offered for sale oducts are sold, NSPA survey completed	0 0	000	0
444	9 0 1 2 3 4	00000	In-us Uten Singl Glov	sils, e le-use es us	Pre nsils; properly s equipment and li a/single-service ed properly	tored inens; properly stored, d articles; properly stored	, used	0 0 0	000	1 1	5	8	- 100	Tobacc f tobac	co pro	ducts offered for sale oducts are sold, NSPA survey completed	0	0	0
4 4 Failt serv	9 0 1 2 3 4		In-us Uten Sing Glov	sils, e le-use es us y viol t per	Pro nsils; properly s equipment and li a/single-service ed properly ations of risk fact nit. Items identifie	tored inens; properly stored, d articles; properly stored or items within ten (10) da ed as constituting imminer	, used ys may result in susper t health hazards shall b	0 0 0	0 0 0	1 1 1 r food	5	8 9 • • • • •	ablish eratio	Tobacc f tobac ment p	ermit.	ducts offered for sale oducts are sold, NSPA survey completed Repeated violation of an identical risk factor may result in rev e. You are required to post the food service establishment per	O cation	O of you	icuous
4 4 Failt serv	9 0 1 2 3 4		In-us Uten Singl Glov ect any st the	sils, e le-use es us y viol t perm most	Pro nsils; properly s equipment and li s/single-service ed properly ations of risk fact nit, items identifie recent inspection	tored inens; properly stored, d articles; properly stored or items within ten (10) da ed as constituting imminer	, used ys may result in susper t health hazards shall b samer, You have the rig	O O O o corre	O O O of you seted i	1 1 1 r food	5	8 9 • • • • •	ablish eratio ling th	Tobacc f tobac ment p ns shal	ermit. I ceas	ducts offered for sale oducts are sold, NSPA survey completed Repeated violation of an identical risk factor may result in rev e. You are required to post the food service establishment per ling a written request with the Commissioner within ten (10) day	O cation	O of you	icuous
4 4 Failt serv	9 0 1 2 3 4		In-us Uten Singl Glov ect any st the	sils, e le-use es us y viol t perm most	Pro nsils; properly s equipment and li s/single-service ed properly ations of risk fact nit, items identifie recent inspection	tored inens; properly stored, d articles; properly stored or items within ten (10) da d as constituting imminer report in a conspicuous n	, used ys may result in susper t health hazards shall b samer, You have the rig	0 0 0 0 0 0 0 0 0 0 0	0 0 0 f you scted i eques -329.	1 1 r food a he	5	8 9	ablish eratio ling th	Tobacc f tobac ment p	ermit. I ceas	ducts offered for sale oducts are sold, NSPA survey completed Repeated violation of an identical risk factor may result in rev e. You are required to post the food service establishment per ling a written request with the Commissioner within ten (10) day	O cation	of you onspi	icuous of this
	9 0 1 2 3 4		In-us Uten Singl Glov ect and section	sils, e le-use es us t per most ns 68-	Pro nsils; properly s equipment and li s/single-service ed properly ations of risk fact nit, items identifie recent inspection	tored inens; properly stored, d articles; properly stored or items within ten (10) da d as constituting imminer report in a conspicuous n	used ys may result in susper t health hazards shall b sanner. You have the rig 5-711, 68-14-715, 68-14-7	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 2 0 2 2	1 1 r food a he	54 54 servic lately aring r	8 9 or op regard	ablish eratio ling th	robacc f tobac ment p ris shat his repo	ermit. I ceas et by 1	ducts offered for sale oducts are sold, NSPA survey completed Repeated violation of an identical risk factor may result in rev e. You are required to post the food service establishment per ling a written request with the Commissioner within ten (10) day	ocation nit in a r	of you onspi	icuous of this

	reading the set of the	compensation of car nebolic,	ingen inge integration and the conserver	•
PH-2267 (Rev. 6-15)	Free food safety training cla	sses are available each mor	nth at the county health department.	RDA 629
rivezor (new. o-roy	Please call () 6152061100	to sign-up for a class.	hor des

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Kona Ice of North Nashville KEV 2.0 Establishment Number #: 605304619

Warewashing Info											
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)								
3 comp sink	Quat										

Equipment Temperature								
Description	Temperature (Fahrenheit)							
Rif	0							
	°							

Description	State of Food	Temperature (Fahrenheit

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Kona Ice of North Nashville KEV 2.0

Establishment Number : 605304619

Comments/Other Observations

1: (IN): ANSI Certified Manager present.

- 2: Health policy on file
- 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

- 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 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: NA
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: No cold holding food at time of inspection
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 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: Kona Ice of North Nashville KEV 2.0 Establishment Number: 605304619

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Kona Ice of North Nashville KEV 2.0

Establishment Number # 605304619

Sources				
Source Type:	Food	Source:	Kona ice	
Source Type:	Water	Source:	City	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments