



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
98

Establishment Name Neon Kitchen Type of Establishment Farmer's Market Food Unit Permanent Mobile
 Address 509 S Broadway Temporary Seasonal
 City Portland Time in 02:10 PM AM / PM Time out 02:20 PM AM / PM
 Inspection Date 05/03/2023 Establishment # 605309854 Embargoed 0
 Purpose of Inspection Routine Follow-up Complaint Preliminary Consultation/Other
 Risk Category 01 02 03 04 Follow-up Required Yes No Number of Seats 16

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 checked="" type="radio"/>	<input type="radio"/>					5
Employee Health							
2	<input checked="" type="radio"/>	<input type="radio"/>					5
3	<input checked="" type="radio"/>	<input type="radio"/>					5
Good Hygienic Practices							
4	<input checked="" type="radio"/>	<input type="radio"/>					5
5	<input checked="" type="radio"/>	<input type="radio"/>					5
Preventing Contamination by Hands							
6	<input checked="" type="radio"/>	<input type="radio"/>					5
7	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
8	<input checked="" type="radio"/>	<input type="radio"/>					2
Approved Source							
9	<input checked="" type="radio"/>	<input type="radio"/>					5
10	<input checked="" type="radio"/>	<input type="radio"/>					5
11	<input checked="" type="radio"/>	<input type="radio"/>					5
12	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
Protection from Contamination							
13	<input checked="" type="radio"/>	<input type="radio"/>					4
14	<input checked="" type="radio"/>	<input type="radio"/>					5
15	<input checked="" type="radio"/>	<input type="radio"/>					2

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods							
16	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
17	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
Cooling and Holding, Date Marking, and Time as a Public Health Control							
18	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
19	<input checked="" type="radio"/>	<input type="radio"/>					5
20	<input checked="" type="radio"/>	<input type="radio"/>					5
21	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
22	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
Consumer Advisory							
23	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			4
Highly Susceptible Populations							
24	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
Chemicals							
25	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
26	<input checked="" type="radio"/>	<input type="radio"/>					5
Conformance with Approved Procedures							
27	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			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="radio"/>						1
29	<input type="radio"/>						2
30	<input type="radio"/>						1
Food Temperature Control							
31	<input type="radio"/>						2
32	<input type="radio"/>						1
33	<input type="radio"/>						1
34	<input type="radio"/>						1
Food Identification							
35	<input type="radio"/>						1
Prevention of Food Contamination							
36	<input type="radio"/>						2
37	<input type="radio"/>						1
38	<input type="radio"/>						1
39	<input checked="" type="radio"/>						1
40	<input type="radio"/>						1
Proper Use of Utensils							
41	<input type="radio"/>						1
42	<input type="radio"/>						1
43	<input type="radio"/>						1
44	<input type="radio"/>						1

Compliance Status					COS	R	WT
OUT							
Utensils and Equipment							
45	<input type="radio"/>						1
46	<input type="radio"/>						1
47	<input type="radio"/>						1
Physical Facilities							
48	<input type="radio"/>						2
49	<input type="radio"/>						2
50	<input type="radio"/>						2
51	<input type="radio"/>						1
52	<input type="radio"/>						1
53	<input checked="" type="radio"/>						1
54	<input type="radio"/>						1
Administrative Items							
55	<input type="radio"/>						0
56	<input type="radio"/>						0
Compliance Status							
Non-Smokers Protection Act							
57	<input checked="" type="radio"/>						0
58	<input type="radio"/>						0
59	<input type="radio"/>						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 68-14-201, 68-14-202, 68-14-203, 68-14-204, 68-14-205, 68-14-206, 68-14-207, 68-14-208, 68-14-209, 68-14-210, 68-14-211, 68-14-212, 68-14-213, 68-14-214, 68-14-215, 68-14-216, 4-5-320.

Signature of Person In Charge [Signature] Date 05/03/2023 Signature of Environmental Health Specialist [Signature] Date 05/03/2023

**** 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:	Neon Kitchen
Establishment Number #:	605309854

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)

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)

Observed Violations

Total # 2

Repeated # 0

39:

53:



Establishment Information

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Establishment Number : 605309854

Comments/Other Observations

- 1:
- 2:
- 3:
- 4:
- 5:
- 6: Item corrected
- 7:
- 8:
- 9:
- 10:
- 10:
- 11:
- 12:
- 13:
- 14:
- 15:
- 16:
- 17:
- 18:
- 19:
- 20:
- 21:
- 22:
- 23:
- 24:
- 25:
- 26:
- 27:
- 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.

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Establishment Name: Neon Kitchen

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Comments/Other Observations (cont'd)

Additional Comments (cont'd)

See last page for additional comments.

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Sources

Source Type: Source:

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Additional Comments