TENNESSEE DEPARTMENT OF HEALTH OD SERVICE ESTABLISHMENT INSPECTION REPORT

						FOOD SE	RVICE ESTA	BL	ISH	M	ENT	1	ISF	PEC	TI	ON REP	ORT				SCC	RE		
Ş																						C		
Esta	blish	men	t Nar		Moto							Tree		Establi	-	E Dom	ner's Meri nanent				Y	≻	K	
Addr	ess				1120 McG	avock St.						тур	e or t	Establi	snme		porary	O Sea	asonal					
City					Nashville		Time in	05	5:0	0 F	M	AJ	4 / PI	M Tr	ne or	ut 05:10			/ PM					
Insp	ectio	n Da	rte		01/04/2	024 Establishme					Emba	-						_ ^						
			spect		ORoutine	援 Follow-up	O Complaint			_	elimina				Cor	nsultation/Oth	or							
Risk	Cate	egon	,		O 1	\$\$2	03			04				Fo	ilow-	up Required	0	Yes	民 No	N	lumber of §	Seats	20	00
		R				actors in foodborn														trol an	d Preven	tion		
						FOODB	ORNE ILLNESS RI	SK F	ACTO	orts	AND	PUI	BLIC	HEA	LTH	INTERVEN	TIONS							
IN	in co	(Ch mplii		algna		tates (IN, OUT, NA, NO) biance NA=not applica			ite ma							ach item as ap spection					code provisi)	
_		our			Co	mpliance Status		cos	R	WT		_				Con	nplianc				and une	cos	R	WT
\rightarrow	-	001	NA	NO	Person in charg	Supervision e present, demonstrat	es knowledge, and	0	0	5		IN		NA		Co	entrol F	or Safe	ty (TCS)	Foods				
			NA	NO	performs duties		÷ -	0		0	16 17		00	0	XX	Proper cookir Proper reheat	ng time a ting proc	and temp redures	peratures for hot ho	Iding		00	00	5
2	X	0				nd food employee awa		_	P	5		IN	олт			Cooling an	d Holdi	ng, Del	te Markir	ng, and	Time as			
		О 000Т	NA	NO		estriction and exclusion Good Hygionic Prac		0	0	_	18	RK.	0	0	0	Proper coolin			erature	trei		0	0	
4	<u>x</u>	0		0	Proper eating, t	asting, drinking, or tob om eyes, nose, and m	acco use	0	8	5		X	0	0		Proper hot ho Proper cold h	olding ter	nperatu	res			0	0	
	IN (OUT	NA	NO	Preve	nting Contaminatio					21	100		ŏ	0	Proper date n						ŏ	ŏ	5
_	皇鼠	0 0	0	0	No bare hand o	d properly washed ontact with ready-to-ea	at foods or approved	0	0	5	22	0	0	×	-	Time as a pu					l records	0	0	
8			-	-	alternate proces Handwashing s	dures followed inks properly supplied	and accessible		6	2	-	IN 3	OUT	NA	NO	Consumer ad			Advisor, for raw an		cooked	0	0	
	IN (家	OUT	NA	NO	Food obtained f	Approved Source from approved source	•	0	0	_	23	× N	OUT		NO	food	ahiv Su	scenti	bie Popu	intions		•	-	•
10	0	0	0	20	Food received a	at proper temperature	di la cata d	0	0	5	24	0	0	88		Pasteurized f					fered	0	0	5
11 12	_	0	0	0	Required record	ondition, safe, and una ds available: shell stoc		0	0	Ĭ	H	IN	OUT		NO			Chem	icals					
H	IN (OUT	NA	NO		tection from Conta	mination				25	0	0	X		Food additive	is: appro	wed and	d properly	used		0		5
13 14		8	0		Food separated Food-contact se	I and protected urfaces: cleaned and s	anitized		8	4	26	ĭ ĭ	O OUT	NA	NO	Toxic substar Confor			entified, st pproved			0	0	Ļ
	_	0				ion of unsafe food, retu		0	0	2	27	0	0	×		Compliance v HACCP plan						0	0	5
				Goo	d Retail Prac	tices are preventi	ve measures to co	ontro	l the	intr	oduc	tion	of p	atho	gens	, chemical:	s, and j	physic	al objec	ts into	foods.			-
											L PR			8										
				00		mpliance Status	COS=com		R		Inspe	ction					mplian	ce Sta		ame code	provision)	COS	R	WT
21	_	OUT		euríze	Sat ed eggs used wh	ere required		0	0	1	45		υτ Ο ^F	ood ar	nd no	Uter nfood-contact	surface			erly desi	aned.	•		
21	_	0	Wate	er and	lice from approv		thods	0	8	2	\vdash	+	- 0			and used						0	0	1
-	_	OUT			Food	Temperature Contr	ol	-		_	46		_			g facilities, ins		naintaine	rd, used, t	test strip	5	0	0	1
3	1		contr		oling methods us	sed; adequate equipme	ent for temperature	0	0	2	47	0	UT				hysical					0	0	1
3:	_				properly cooked thawing method				8	1	48					water availab stalled: proper						00	8	2
3	1	0	Ther		eters provided an	nd accurate		ŏ	õ	1	50		o s	Sewage	and	waste water p	properly	dispose	d			0	0	2
35	-	001		l non		ood Identification ginal container; require	d records available	0	0	1	51	_				HS: properly co use properly d						0	0 0	1
		OUT	1000	, prop		n of Food Contamir		ľ		·	53		_	-		lities installed,				ieu.		0	0	1
3(;	0	Insec	sts, ro	dents, and anim	als not present		0	0	2	54	1	0 A	\dequa	ite ve	ntilation and li	ighting; d	designat	ed areas	used		0	0	1
3	r	X	Cont	amin	ation prevented of	during food preparation	n, storage & display	0	0	1		0	UΤ			Ad	ministr	ative it	oms				_	
3		-	-		leanliness			0	0	1	55					nit posted						0		0
39					ths; properly use ruits and vegetal				8	1	56	6 0	0 10	Aost re	cent	inspection pos Cor	sted mpliand	ce Stat	tus			O YES		WT
4	_	OUT		e ute	Prej nsils; properly st	per Use of Utensils ored		0		1	57	-	-	Somolis	2008	Not with TN Non-S			notection	1 Act		x		
4	2	0	Uten	sils, e	equipment and lin	nens; properly stored, or articles; properly stored		0	0 0	1	58	5	T	obacc	o pro	ducts offered oducts are sol	for sale			ed.			0	0
4	_				ed properly	andores, property stored	2, 4964		8		<u>_98</u>		1	10080	uo pr	ouces are sol	n, NOPA	sulve)	comprese	20				
						or items within ten (10) d d as constituting immine																		
		nd po	st the		recent inspection	report in a conspicuous 68-14-708, 68-14-709, 68-1	manner. You have the rig	pht to r	eques															
	Æ		U	2	~		01/0	-		1			\sim	7	/	1/.					()1 <i>\</i> (Δ/2	2024
Sigr	atur	e of	Pers	on In	Charge			2 TI L		Date	Sig	natu	re of	Envir	onme	ental Health S	Specialis	st					, 2	Date
						**** Additional food s	afety information car	h be fr	und	on ou							-							

	-			
PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 629		
	Please call () 6153405620	to sign-up for a class.	11071 02.0

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Moto Establishment Number #: 605240288

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)							
Lowvtemp dish machine	Chlorine	150								

-quipment l'emperature						
Description	Temperature (Fahrenheit)					

Description	State of Food	Temperature (Fahrenheit)		

Observed Violations	
Total # 2	
Total # 2 Repeated # 0	
37:	
47:	

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Establishment Name: Moto Establishment Number: 605240288

Comments/Other Observations
Comments/Other Observations 1 2 2 3 3 4 5 5 6 6 7 7 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

***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: Moto

Establishment Number: 605240288

Comments/Other Observations (cont'd)

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

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Establishment Name: Moto Establishment Number #. 605240288

Sources		
Source Type:	Source:	

Additional Comments