TENNESSEE DEPARTMENT OF HEALTH

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Contraction of the second

APR .				FOOD SEF	RVICE ESTA					_	NSI	PEC	TIC	DN REPORT	sco	RE				
8		11	and the second second		Makeshift											O Farmer's Market Food Unit	9			
Establishment Name				Type of Establishment O Mobile							し									
Address				811 Dickerson Pike							O Temporary O Seasonal			-						
City					Nashville				5:0	5 F	PM	_ A1	M/P	M Ti	me o	л <u>05:30</u> ; <u>РМ</u> АМ/РМ				
Insp	ectio	n Da	te		05/15/20	024 Establishmer	t# <u>60531653</u>	4		_	Emba	argoe	d C)						
Purp	Purpose of Inspection			ion	Routine	O Follow-up	O Complaint				elimin			-	Cor	nsultation/Other				
Risk	Risk Category				01	第2	03	O 4 Follow-up Required 凝			up Required 邕 Yes O No	Number of S	eats	52						
		R														to the Centers for Disease Contr control measures to prevent illne	ol and Prevent			
					-	FOODBO	ORNE ILLNESS RI	SK F	ACT	ORS	AND	PU	BLIC	HEA	LTH	INTERVENTIONS				
IN	in co	(CD)			OUT=not in compl				SCI-5							ach liem as applicable. Deduct points for cr pection R=repeat (violation of the				
_	_		_			mpliance Status	10-1410001	cos	R		_	corrected on-site during inspection				Compliance Status			R	WT
-	-	ουτ	NA	NO	Decession of the second	Supervision						IN	ουτ	NA	NO	Cooking and Reheating of Time/T Control For Safety (TCS) F				
1		٥			Person in charge performs duties	e present, demonstrate	÷ ·	0	0	5		23			-	Proper cooking time and temperatures		0	0	5
2	N X		NA		Management an	Employee Healt d food employee awar		0			17	0	0	×		Proper reheating procedures for hot hold Ceeling and Holding, Date Marking	-	0	0	
	_	0			Proper use of re	striction and exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Contro				
	IN X		NA			lood Hygionic Pract sting, drinking, or toba						0	0			Proper cooling time and temperature Proper hot holding temperatures		0		
5	24	0		0	No discharge fro	om eyes, nose, and mo	uth	ŏ	0	5	20	25	0	0		Proper cold holding temperatures		0	0	5
		001	NA			nting Contamination d properly washed	n by Hands	0	0			*	0			Proper date marking and disposition			0	
-	×	0	0		No bare hand co	ontact with ready-to-eal	t foods or approved	0	ō	5	22	O	O	NA		Time as a public health control: procedure Consumer Advisory	es and records	0	0	
8	×	0			alternate proced Handwashing si	nks properly supplied a		0	0	2	23	_	0	12	NO	Consumer advisory provided for raw and	undercooked	0	0	4
_		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NA	NO	Food obtained fr	Approved Source orm approved source	•	0	0		H	IN	OUT		NO	food Highly Susceptible Populat	tions	-	-	
10	0	0	0	×	Food received a	t proper temperature ndition, safe, and unad	editorate d		0	5	24	0	0	×		Pasteurized foods used; prohibited foods		0	0	5
	<u>米</u>	_	X	0	Required record	s available: shell stock		6	6	Ĩ		IN	OUT	NA	NO	Chemicals				
			NA	-	destruction Prot	tection from Contan	nination	-		-	25	0	0	x		Food additives: approved and properly us	ed	0	ত	
			00		Food separated	and protected rfaces: cleaned and sa	altimod	<u> </u>	0	_	26	0 IN	XX OUT			Toxic substances properly identified, store Conformance with Approved Provider Provi		0	0	5
	黨	0	-			on of unsafe food, retur		0	0	5	27	_	001	104 105	NO	Compliance with variance, specialized pro		0	0	5
15	~	•			served			<u> </u>		-		<u> </u>	Ŭ	~		HACCP plan		<u> </u>	~	<u> </u>
				Goo	d Retail Pract	tices are preventiv	re measures to co								gens	, chemicals, and physical objects	into foods.			
				-011	Tenot in complianc	ė	COS=com							5		R-repeat (violation of the same	e code provision)			
	_		_		Cor	mpliance Status	000-001		R		Ē					Compliance Status		cos	R	WT
2	_	OUT	Past	eurize	Saf d eggs used who	e Food and Water are required		0	0	1	4		O F	ood ar	nd no	Utensils and Equipment nfood-contact surfaces cleanable, property	y designed,	0		1
2	_				ice from approve	ed source ialized processing met	hods	0	0	2		-	- 0			and used			0	
	-	OUT			Food 1	Comporature Contro	4	-		-	4	_	_			g facilities, installed, maintained, used, tes	t strips	0	0	1
3	1	0	Prop contr		oling methods us	ed; adequate equipme	nt for temperature	0	0	2	4	_	1 O	vontoo	d-cor	tact surfaces clean Physical Facilities		0	0	1
3	_				properly cooked				0			_				water available; adequate pressure		0		2
3	_				thawing methods sters provided an			0	0	1	4	_	_	_	-	talled; proper backflow devices waste water properly disposed		0	8	2
	_	OUT				od identification							_			s: properly constructed, supplied, cleaned			0	1
3			Food	l prop		inal container; required		0	0	1			-	-		use properly disposed; facilities maintained	t	0	0	1
3	_	000	Incor	4e . ro	dents, and anima	n of Food Contamina	ation	0	0	2	5	_	-			ities installed, maintained, and clean ntilation and lighting; designated areas use	ad	0	0	1
	-	-							+ +		ľ	-	-	Nucque	ne ve			-	~	
3	_					luring food preparation,	storage & display	0	0	1			UT			Administrative Items			-	
3	_	0	Wipir	ng clo	leanliness ths; properly use			0	0	1		55 O Current permit posted 56 O Most recent inspection posted				0	0	0		
4	-	0			ruits and vegetat	xies		0		1		-	_			Compliance Status		YES		WT
4	1				nsils; properly sto				0		5					Non-Smokers Protection A with TN Non-Smoker Protection Act	wi	25		
4	_					ens; properly stored, d rticles; properly stored,		8	0		5	8				ducts offered for sale oducts are sold, NSPA survey completed		00		0
	ă	ŏ	Glov	es us	ed properly				ŏ									-	-1	
																Repeated violation of an identical risk factor r e. You are required to post the food service en				
man	ver ar	nd po	st the	most	recent inspection r		vanner. You have the rig	pht to r	eques							lling a written request with the Commissioner v				
		_																		

$\geq h$	05/15/2024		05/15/2024				
Signature of Person In Charge	Date	Signature of Environmental Health Specialist	Date				
**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****							

PH-2267 (Rev. 6-15)	Free food safety training cl	RDA 629		
	Please call () 6153405620	to sign-up for a class.	104.025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Makeshift Establishment Number #: 605316534

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 inflitrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						
3 compartment sink autochlor	Bleach Chlorine	50							

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Atosa reach in cooler	33				
Low boy raw meat cooler	38				
Prep cooler	39				

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Raw marinated chicken in reach in cooler	Cold Holding	40
Container honey mustard in reach in cooler	Cold Holding	41
Raw ground turkey in cooler	Cold Holding	40
Raw ground beef in reach in cooler	Cold Holding	40
Sliced american cheese in reach in cooler	Cold Holding	40
Cooked ground turkey from raw on grill	Cooking	187

Total # 2

Repeated # ()

26: Chemical spray bottle with blueish bubbly liquid observed stored near bread and not labeled. Corrective Action: labeled on site and train to store away from foods.

51: Bathroom doors do not self close.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Makeshift

Establishment Number : 605316534

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: Metro policy on site.

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: Observed employee wash hands properly before putting on gloves.

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: 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: See temp.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No cooling.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See temp.
- 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.
- 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.

Establishment Information

Establishment Name: Makeshift

Establishment Number : 605316534

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Makeshift

Establishment Number # 605316534

Water	Source:	Municipal
Food	Source:	Sysco
Food	Source:	What chefs want
	Source:	
	Source:	
	Food	FoodSource:FoodSource:Source:Source:

Additional Comments