

Establishment Name

Inspection Date

Risk Category

Address

City

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Remanent O Mobile Type of Establishment

Follow-up Required

O Temporary O Seasonal

O Yes 疑 No

Time in 02:20 PM AM/PM Time out 02:25: PM AM/PM

12/17/2021 Establishment # 605308187 Embargoed 0

The Eastern Peak Commissary Kitchen

411 W Thompson Ln

Nashville

∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other О3

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 115 | ¥=in c                    | omplii | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | id   |   | С  |
|-----|---------------------------|--------|------|----|---|--|---|----|
|     | Compliance Status         |        |      |    |   |  |   | WT |
|     | IN                        | OUT    | NA   | NO | Supervision   |  |   |    |
| 1   | 氮                         | 0      |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0  | 0 | 5  |
|     | IN                        | OUT    | NA   | NO | Employee Health   |  |   |    |
| 2   | $\mathbb{R}^{\mathbb{C}}$ | 0      |      |    | Management and food employee awareness; reporting   | 0  | 0 |    |
| 3   | ×                         | 0      |      |    | Proper use of restriction and exclusion   |  | 0 | 5  |
|     | IN                        | OUT    | NA   | NO | Good Hygienic Practices   |  |   |    |
| 4   | X                         | 0      |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0  | 0 | -  |
| 5   | *                         | 0      |      | 0  | No discharge from eyes, nose, and mouth   | 0  | 0 |    |
|     | IN                        | OUT    | NA   | NO | Preventing Contamination by Hands   |  |   |    |
| 6   | 黨                         | 0      |      | 0  | Hands clean and properly washed   | 0  | 0 |    |
| 7   | 0                         | 0      | 0    | ×  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0  | 0 | 5  |
| 8   | ×                         | 0      |      |    | 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    | ×  | Food received at proper temperature   | 0  | 0 |    |
| 11  | ×                         | 0      |      |    | Food in good condition, safe, and unadulterated   | Food in good condition, safe, and unadulterated OO |   | 5  |
| 12  | 0                         | 0      | ×    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0  | 0 |    |
|     | IN                        | OUT    |      | 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-<br>served                        |  | 2 |    |

|    |    |     |    |    | Compliance Status   | cos | R | WT |
|----|----|-----|----|----|---|-----|---|----|
|    | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 |    | 0   | 0  | 黨  | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17 | 0  | 0   | 0  | 3% | Proper reheating procedures for hot holding                                 | 0   | 0 | ٠  |
|    | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | 0  | 0   | 0  | 涎  | Proper cooling time and temperature   | 0   | 0 |    |
| 19 | ×  | 0   | 0  | 0  | Proper hot holding temperatures   | 0   | 0 |    |
| 20 |    | 0   | 0  |    | Proper cold holding temperatures  | 0   | 0 | 5  |
| 21 | *  | 0   | 0  | 0  | 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<br>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 | оит | NA | NO | Chemicals   |     |   |    |
| 25 |    | 0   | X  |    | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26 | 80 | 0   |    |    | Toxic substances properly identified, stored, used                          | 0   | 0 | 9  |
|    | IN | OUT | NA | NO | Conformance with Approved Procedures  |     |   |    |
| 27 | 0  | 0   | ×  |    | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

## cals, and physical objects into foods.

L PRACTICES

|    |     |  | GOO |   |   |
|----|-----|--|-----|---|---|
|    |     | OUT=not in compliance COS=corr   |     |   |   |
|    |     | Compliance Status  | cos | R | W |
|    | OUT | Caro i con amo i i mon   |     |   |   |
| 28 | 0   | Pasteurized eggs used where required                                       | 0   | 0 |   |
| 29 | 0   | Water and ice from approved source   | 0   | 0 |   |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0   | 0 |   |
|    | OUT | Food Temperature Control   |     | _ |   |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 |   |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | г |
| 33 | 0   | Approved thawing methods used  | 0   | 0 | г |
| 34 | 0   | Thermometers provided and accurate   | 0   | 0 | Г |
|    | OUT | Food Identification  |     |   |   |
| 35 | 0   | Food properly labeled; original container; required records available      | 0   | 0 |   |
|    | OUT | Prevention of Feed Contamination   |     |   |   |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0   | 0 |   |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0   | 0 | Г |
| 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 | Г |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0   | 0 | Г |
| 44 | 0   | Gloves used properly   | -   | 0 | т |

| pecti | on   | R-repeat (violation of the same code provision   |     | _  | _   |
|-------|--|--|-----|----|-----|
|       |  | Compliance Status  | COS | R  | 8   |
|       | OUT  | Utensiis and Equipment   |     |    |     |
| 45    | 0  | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0   | 0  | ľ   |
| 46    | 0  | Warewashing facilities, installed, maintained, used, test strips                         | 0   | 0  |     |
| 47    | 0  | Nonfood-contact surfaces clean   | 0   | 0  |     |
|       | OUT  | Physical Facilities  |     |    |     |
| 48    | 0  | Hot and cold water available; adequate pressure  | 0   | 0  |     |
| 49    | 0  | Plumbing installed; proper backflow devices  | 0   | 0  |     |
| 50    | 0  | Sewage and waste water properly disposed   | 0   | 0  | - : |
| 51    | O Toilet facilities: properly constructed, supplied, cleaned |  |     |    |     |
| 52    | 0  | Garbage/refuse properly disposed; facilities maintained                                  | 0   | 0  |     |
| 53    | 0  | Physical facilities installed, maintained, and clean                                     | 0   | 0  |     |
| 54    | 0  | Adequate ventilation and lighting; designated areas used                                 | 0   | 0  |     |
|       | OUT  | Administrative Items   |     |    |     |
| 55    | 0  | Current permit posted  | 0   | 0  | П   |
| 56    | 0  | Most recent inspection posted  | 0   | 0  |     |
|       |  | Compliance Status  | YES | NO | ٧   |
|       |  | Non-Smokers Protection Act   |     |    |     |
| 57    |  | Compliance with TN Non-Smoker Protection Act   | - X | 0  |     |
| 58    |  | Tobacco products offered for sale  | 0   | 0  | ١   |
| 59    |  | If tobacco products are sold, NSPA survey completed                                      | 0   | 0  |     |

cuous manner. You have the right to request a h n (10) days of the date of the

12/17/2021

12/17/2021

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 \*\*\*\*

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information  |                               |                           |                    |          |  |  |
|--|-------------------------------|---------------------------|--------------------|----------|--|--|
| Establishment Name: The Eastern Peak Commissary Kitchen                                    |                               |                           |                    |          |  |  |
| Establishment Number # [605308187  |                               |                           |                    |          |  |  |
|  |                               |                           |                    |          |  |  |
| NSPA Survey - To be completed if   |                               |                           |                    |          |  |  |
| Age-restricted venue does not affirmatively rest<br>twenty-one (21) years of age or older. |                               |                           |                    |          |  |  |
| Age-restricted venue does not require each per   | rson attempting to gain entry | to submit acceptable form | of identification. |          |  |  |
| "No Smoking" signs or the international "Non-Si  | moking" symbol are not cons   | picuously 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 n | not completely removed or | r open.            |          |  |  |
| Smoke from non-enclosed areas is inflitrating in   | nto areas where smoking is p  | rohibited.                |                    |          |  |  |
| Smoking observed where smoking is prohibited   | i by the Act.                 |                           |                    |          |  |  |
|  |                               |                           |                    |          |  |  |
| Warewashing Info   | Bantitana Tura                | 2011                      | Tomas advant Fab   |          |  |  |
| Maonine Name   | Sanitizer Type                | PPM                       | Temperature ( Fah  | renneit) |  |  |
|  |                               |                           |                    |          |  |  |
| Equipment Temperature  |                               |                           |                    |          |  |  |
| Description  |                               |                           | Temperature ( Fah  | renhelfi |  |  |
|  |                               |                           |                    |          |  |  |
| FdT  |                               |                           |                    |          |  |  |
| Food Temperature   |                               | State of Food             | Townsont on / Fab  |          |  |  |
| Description  |                               | State of Food             | Temperature ( Fah  | renheit) |  |  |
|  |                               |                           |                    |          |  |  |
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# TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information   |   |
|---|---|
| Establishment Name: The Eastern Peak Commissary                           | Kitchen                                 |
| Establishment Number: 605308187   |   |
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| Comments/Other Observations   |   |
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<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: The Eastern Peak Commissary Kitchen |  |  |  |  |
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| Establishment Number: 605308187                         |  |  |  |  |
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| Comments/Other Observations (cont'd)                    |  |  |  |  |
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Establishment Information

| Establishment Name: The Eastern Peak Commissary Kitchen |         |  |  |  |  |
|---|---------|--|--|--|--|
| Establishment Number # 605308187                        |         |  |  |  |  |
| Sources   |         |  |  |  |  |
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| Source Type:  | Source: |  |  |  |  |
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Establishment Information