

Establishment Name

Inspection Date

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Time in 01:00 PM AM / PM Time out 01:10; PM

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

SCORE

06/29/2023 Establishment # 605209435 Embargoed 0

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

Number of Seats 12 Risk Category **O**3 Follow-up Required O Yes 疑 No

10	4 ≃in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observ	ed		0	
	Compliance Status							WT	
IN OUT NA NO Supervision									
1	氮	0			Person in charge present, demonstrates knowledge, and 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			roper use of restriction and exclusion O		0	5	
	IN	OUT	NA	NO	Good Hygienic Practices	\Box			
4	*	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0		
	IN	OUT	NA	NO	Preventing Contamination by Hands				
6	100	0		0	Hands clean and properly washed	0	0		
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	
8	X	0		Handwashing sinks properly supplied and accessible		0	0	2	
	IN	OUT	NA	NO	Approved Source	Approved Source			
9	黨	0			Food obtained from approved source	0	0		
10	0	0	0	×	Food received at proper temperature	0	0		
11	20	0		Food in good condition, safe, and unadulterated O		0	5		
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		
	IN	OUT		NO	Protection from Contamination	Protection from Contamination			
13	0	0	窳		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- served	0	0	2	

Jimmy Floyd Center Snack Bar

511 N. Castle Heights Ave.

Lebanon

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	×	0	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 a Public Health Control			
18	0	0	×	0	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	200	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 food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	M		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	菜	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 HACCP plan	0	0	5

ns, chemicals, and physical objects into foods.

			GOO			
		OUT=not in compliance COS=con				
		Compliance Status	cos	R	×	
	OUT	Safe Food and Water				
28	0	Pasteurized eggs used where required	0	0	ľ	
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 control	0	0	1	
32	0	Plant food properly cooked for hot holding	0	0	Т	
33	0	Approved thawing methods used	0	0	Т	
34	X	Thermometers provided and accurate	0	0	г	
	OUT	T Food Identification				
35	0	Food properly labeled; original container; required records available	0	0		
	OUT	Prevention of Food Contamination				
36	0	Insects, rodents, and animals not present	0	0	:	
37	0	Contamination prevented during food preparation, storage & display	0	0	,	
38	0	Personal cleanliness	0	0	г	
39	0	Wiping cloths; properly used and stored	0	0		
40	0	Washing fruits and vegetables	0	0	·	
	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		
43	0	Single-use/single-service articles; properly stored, used	0	0	г	
44	0	Gloves used properly	0	0		

pecti		R-repeat (violation of the same code provision) Compliance Status	cos	R	W		
	OUT	Utensils and Equipment					
45	0	Food and norifood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1		
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1		
47	0	Nonfood-contact surfaces clean	0	0	1		
	OUT	Physical Facilities					
48	0	Hot and cold water available; adequate pressure	0	0	7		
49	黨	Plumbing installed; proper backflow devices	0	0	- 2		
50	0	Sewage and waste water properly disposed	0	0	2		
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1		
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1		
53	3%	Physical facilities installed, maintained, and clean	0	0	1		
54	0	Adequate ventilation and lighting; designated areas used	0	0	1		
	OUT	Administrative Items					
55	0	Current permit posted	ा	0	Г		
56	0	Most recent inspection posted	0	0	`		
		Compliance Status	YES	NO	W		
	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			

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

06/29/2023

06/29/2023

Date

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 6154445325 Please call (to sign-up for a class.

Date Signature of Environmental Health Specialist

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information				
Establishment Name: Jimmy Floyd Cei	nter Snack Bar			
Establishment Number #: 605209435				
NSPA Survey - To be completed if				
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.				
Age-restricted venue does not require each per	son attempting to gain entry	to submit acceptable for	rm of identification.	
"No Smoking" signs or the international "Non-Si	moking" symbol are not cons	picuously posted at eve	ry 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 r	not completely removed	or open.	
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.		
Smoking observed where smoking is prohibited	i by the Act.			
Warewashing Info			1- (
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renheit)
Equipment Temperature				
Description			Temperature (Fah	renheit)
F-dT			•	
Food Temperature		Made of Freed		
Description		State of Food	Temperature (Fah	renheit)

Observed Violations
Total # 3 Repeated # 0
Repeated # 0
34:
49:
53:
1110 as many at the and of this document for any violations that could not be displayed in this space.

^{&#}x27;See page at the end of this document for any violations that could not be displayed in this space.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



Establishment Name: Jimmy Floyd Center Snack Bar	
Establishment Number: 605209435	
Comments/Other Observations	
1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12:	
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20 [.]	
21:	
22:	
23:	
24:	
25:	
26: Item corrected	
26: Item corrected 27:	
57: 58:	
58:	

dditional Comments			
See last page for	additional co	omments.	

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Jimmy Floyd Center Snack Bar		
Establishment Number: 605209435		
Comments/Other Observations (cont'd)		
A-1-1141		
Additional Comments (cont'd)		
See last page for additional comments.		

Establishment Information

Establishment Name: Jimmy Floyd Center Snack Bar				
Establishment Number #: 605209435				
(1 march				
Sources				
Source Type:	Source:			
Source Type:	Source:			
Source Type:	Source:			
Source Type:	Source:			
Source Type:	Source:			
Additional Comments				

Establishment Information