



TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
100

Establishment Name: Riverdale High Annex Food Service
Address: 802 Warrior Dr.
City: Murfreesboro
Inspection Date: 02/01/2024
Time in: 01:22 PM
Time out: 01:44 PM
Risk Category: 03
Number of Seats: 200

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.)

Table with 2 main columns: Compliance Status (Supervision, Employee Health, Good Hygienic Practices, Preventing Contamination by Hands, Approved Source, Protection from Contamination) and Compliance Status (Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods, Cooling and Holding, Date Marking, and Time as a Public Health Control, Consumer Advisory, Highly Susceptible Populations, Chemicals, Conformance with Approved Procedures).

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Table with 2 main columns: Compliance Status (Safe Food and Water, Food Temperature Control, Food Identification, Prevention of Food Contamination, Proper Use of Utensils) and Compliance Status (Utensils and Equipment, Physical Facilities, Administrative Items, Non-Smokers Protection Act).

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.

Signature of Person In Charge: [Signature] Date: 02/01/2024
Signature of Environmental Health Specialist: [Signature] Date: 02/01/2024

TENNESSEE DEPARTMENT OF HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Riverdale High Annex Food Service  
 Establishment Number #: 605054042

**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) |
|--------------|----------------|-----|---------------------------|
| Dish machine | Heat           |     | 158                       |

**Equipment Temperature**

| Description | Temperature ( Fahrenheit) |
|-------------|---------------------------|
| Hot box     | 165                       |
| Rics        | 35                        |

**Food Temperature**

| Description                                 | State of Food | Temperature ( Fahrenheit) |
|---|---------------|---------------------------|
| No tcs, ric<br>Sausage egg biscuit, hot box | Hot Holding   | 138                       |



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**Comments/Other Observations**

- 1:
- 2: Pic aware, staff trained
- 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 good handwashing
- 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: lwc and dod - food delivered to the annex from the main cafeteria
- 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:
- 17: (NO) No TCS foods reheated during inspection.
- 18: No tcs in cooling stage
- 19: See temps
- 20: No tcs in ric, however equipment is adequate
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 22: Posted and followed
- 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.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 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.**

\*\*\*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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***Comments/Other Observations (cont'd)***

***Additional Comments (cont'd)***

***See last page for additional comments.***

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**Sources**

Source Type: Food Source: Main cafeteria

Source Type: Water Source: Murf city

Source Type: Source:

Source Type: Source:

Source Type: Source:

**Additional Comments**