



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**100**

Establishment Name Tennessee Highway Patrol Training Center Type of Establishment  Farmer's Market Food Unit  Permanent  Mobile  
 Address 275 Stewarts Ferry Pk  Temporary  Seasonal  
 City Nashville Time in 09:30 AM AM / PM Time out 10:20 AM AM / PM  
 Inspection Date 11/10/2021 Establishment # 605240484 Embargoed 0  
 Purpose of Inspection  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
 Risk Category  1  2  3  4 Follow-up Required  Yes  No Number of Seats 54

**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.)

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Supervision</b>							
1	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Employee Health</b>							
2	<input checked="" type="radio"/>	<input type="radio"/>					5
3	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Good Hygienic Practices</b>							
4	<input checked="" type="radio"/>	<input type="radio"/>					5
5	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Preventing Contamination by Hands</b>							
6	<input checked="" type="radio"/>	<input type="radio"/>					5
7	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
8	<input checked="" type="radio"/>	<input type="radio"/>					2
<b>Approved Source</b>							
9	<input checked="" type="radio"/>	<input type="radio"/>					5
10	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
11	<input checked="" type="radio"/>	<input type="radio"/>					5
12	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
<b>Protection from Contamination</b>							
13	<input checked="" type="radio"/>	<input type="radio"/>					4
14	<input checked="" type="radio"/>	<input type="radio"/>					5
15	<input checked="" type="radio"/>	<input type="radio"/>					2

  

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>							
16	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
17	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>							
18	<input checked="" type="radio"/>	<input type="radio"/>					5
19	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
20	<input checked="" type="radio"/>	<input type="radio"/>					5
21	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
22	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
<b>Consumer Advisory</b>							
23	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			4
<b>Highly Susceptible Populations</b>							
24	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
<b>Chemicals</b>							
25	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5
26	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Conformance with Approved Procedures</b>							
27	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>			5

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

### GOOD RETAIL PRACTICES

Compliance Status					COS	R	WT
OUT							
<b>Safe Food and Water</b>							
28	<input type="radio"/>						1
29	<input type="radio"/>						2
30	<input type="radio"/>						1
<b>Food Temperature Control</b>							
31	<input type="radio"/>						2
32	<input type="radio"/>						1
33	<input type="radio"/>						1
34	<input type="radio"/>						1
<b>Food Identification</b>							
35	<input type="radio"/>						1
<b>Prevention of Food Contamination</b>							
36	<input type="radio"/>						2
37	<input type="radio"/>						1
38	<input type="radio"/>						1
39	<input type="radio"/>						1
40	<input type="radio"/>						1
<b>Proper Use of Utensils</b>							
41	<input type="radio"/>						1
42	<input type="radio"/>						1
43	<input type="radio"/>						1
44	<input type="radio"/>						1

  

Compliance Status					COS	R	WT
OUT							
<b>Utensils and Equipment</b>							
45	<input type="radio"/>						1
46	<input type="radio"/>						1
47	<input type="radio"/>						1
<b>Physical Facilities</b>							
48	<input type="radio"/>						2
49	<input type="radio"/>						2
50	<input type="radio"/>						2
51	<input type="radio"/>						1
52	<input type="radio"/>						1
53	<input type="radio"/>						1
54	<input type="radio"/>						1
<b>Administrative Items</b>							
55	<input type="radio"/>						0
56	<input type="radio"/>						0
<b>Compliance Status</b>							
<b>Non-Smokers Protection Act</b>							
57	<input checked="" type="radio"/>						0
58	<input type="radio"/>						0
59	<input type="radio"/>						0

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. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-705, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

Signature of Person In Charge [Signature] Date 11/10/2021 Signature of Environmental Health Specialist [Signature] Date 11/10/2021

\*\*\*\* 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: Tennessee Highway Patrol Training Center Cafeteria  
 Establishment Number #: 605240484

**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)
L-temp machine	Chlorine	100	
Manual Dish Sink	QA	400	

**Equipment Temperature**

Description	Temperature ( Fahrenheit)
Reach-In Cooler not in use	46
Reach-In Cooler	38
Reach in Freezer	-20
Reach in Freezer	-12

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)
Lettuce	Cold Holding	41
Dice chicken	Cold Holding	41
Gravy, Reach-In Cooler	Cooling	87
Watermelon, cut	Cold Holding	33
lettuce, 11/9	Cold Holding	43
Mixfresh fruit	Cold Holding	41
Cottage cheese ,11/10	Cold Holding	43
Slice tomatoes, 11/9	Cold Holding	41
Milk	Cold Holding	37
Soft serve vanilla mix	Cold Holding	32



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**Comments/Other Observations**

- 1: (IN): ANSI Certified Manager present, servesafe exp 5/2026
- 2: (IN): An employee health policy is available.
- 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:
- 7: Gloves present yet no food handling during inspection
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: Us foods,
- 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: No raw meat at this time
- 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: (NO) No raw animal foods cooked during inspection.
- 17: Heat pans of lasazga in oven. after 45mins of heating temp is 120F, continue to heat to 165F
- 18: White gravy in Reach-In Cooler cooling after breakfast 8:30a with vented side
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See food temps
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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.
- 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: Source:

**Additional Comments**