### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

8		14	T. Car																			<b>(</b>		
Esta	bist	hmen	t Nar		Dre	am E	Event	:s & C	Caterin	ıg						Tur	w of f	Fetabli	ehmo	Farmer's Market Food Sermanent O Mo		_	K	
Add	ress 200 Hill Avenue O Temporary O Seasonal																							
City Nashville Time in 10:13 AM AM / PM Time out 11:35: AM AM / PM																								
Insr	ectic	on Da	te		12	14/2	202	3 Eet	tablishmer	ot m 60	)524573	_			Emba	_								
			spect			utine		OFolio			O Complaint			- O Pr		-	-		) Cor	nsultation/Other				
		egon			01			\$172			03			04		,				up Required 🕱 Yes	O No Number of	Seats		
1.000								aration		es and	employee		vior	8 mc				repo	ortec	to the Centers for Dise	ase Control and Preven			
				as c	ontr	ibuting	facto													control measures to pre INTERVENTIONS	event illness or injury.			
		(11	ırk de	algnat	ied co	mpliance	status													ach item as applicable. Deduc	t points for category or subcat	egory.	0	
IN	⊧in c	ompii	ance		OUT			e NA=r lance S	not applicat	ble N	O=not observe	ed COS	R		)\$=co	recte	d on-s	ite duri	ng ins	pection Rerepeat ( Compliance Stat	iolation of the same code provis		R	WT
Π	IN	OUT	NA	NO					rvision							IN	оит	NA	NO	Cooking and Reheating	g of Time/Temperature			
1	0	0		_		on in cha rms duti	-	sent, de	monstrate	es knowk	edge, and	0	0	5	16	0	0	0	0	Control For Safe Proper cooking time and tem	ety (TCS) Foods peratures	0	0	
			NA	NO			1		ee Healt		acadiaa	~				ŏ	ŏ	ŏ		Proper reheating procedures	for hot holding	ŏ	8	5
23	0	0							oyee awar exclusion		porung	6	0	5		IN	ουτ	NA	NO	Cooling and Holding, De a Public He	•••			
			NA						nic Pract							0	0	0		Proper cooling time and tem		0		
		0		_					ng, or toba se, and mo				0	5	19	0	00	0		Proper hot holding temperat. Proper cold holding temperat		0	0	
6	IN O	OUT O	NA		Hand			g Conta perly wa	amination ashed	n by Har	nds	0			21		0	0		Proper date marking and dis		0	0	Ĵ
7	0	0	0	0	No b	are hand	d contac	t with rea	ady-to-eat	it foods o	r approved	ō	0	5	22	O	O	O NA	O NO	Time as a public health contr Consumer		0	0	
	0						) sinks p		supplied a		ssible	0	0	2	23		0	0	no	Consumer advisory provided		0	0	4
9	0	0	NA				d from a	approved	d source	•		0				IN	OUT	NA	NO	food Highly Suscepti	ble Populations			
10 11	8	00	0	0				per temp on, safe,	perature , and unad	dulteratec	đ	8	0	5	24	0	0	0		Pasteurized foods used; prof	nibited foods not offered	0	0	5
12	_	0	0	0		ired reco uction	ords ava	ailable: s	shell stock	k tags, pa	irasite	0	0			IN	ουτ	NA	NO	Chen	lcals			
		OUT O	NA	NO		P		protecte	m Contan	mination	1		0		25	00	0	0		Food additives: approved an		0	2	5
		0							ned and sa	anitized		ŏ	ŏ	4 5	20	IN	OUT	NA	NO	Toxic substances properly id Conformance with A	pproved Procedures		-	
15	0	0			Prop		sition of	unsafe f	food, retur	rned food	i not re-	0	0	2	27	0	0	0		Compliance with variance, s HACCP plan	pecialized process, and	0	0	5
—	_																			, chemicals, and physic	al ablanta lata fanda	_		
				000		Call Pro	retice	e are p	reventit	re mea	Jures to co	GOO							gena	, cremicals, and physic	al objects into toods.		_	
				00	T≈not	in complia					COS=corre	icted o	n-site	during							on of the same code provision)			
		OUT				5	ate Fe	ance S od and				cos	R	WT		0	UT			Compliance St Utensils and Equi		cos	R	WT
2						s used v om appr							8		4	5 (				nfood-contact surfaces clean and used	able, properly designed,	0	0	1
3	0	0 OUT	Varia	ance o	obtain				ssing met				Ŏ		4	6 (	-			g facilities, installed, maintain	ed, used, test strips	0	0	1
3	1	0			oling				e equipme		nperature	0	0	2	4	_	-	lonfoo	d-con	ntact surfaces clean		0	0	1
3		-	contr		prop	rly cook	ed for h	not holdin	na				0	-	4	_	UT D H	lot and	f cold	Physical Facilit water available; adequate pr		0		2
3	3	0	Appr	oved	thaw	ng metho	ods use	d	-			0	0	1	4	9	ΟP	lumbir	ng ins	stalled; proper backflow device	85	0	0	2
	4	OUT	iner	mome	eters	provided		dentific	ation			0	0	1	5		-			waste water properly dispose s: properly constructed, supp		0	8	2
3	5	0	Food	i prop	erty k	beled; o	riginal c	container	r; required	d records	available	0	0	1	5	2	<b>o</b>   G	Sarbag	e/refi	use properly disposed; facilitie	s maintained	0	0	1
		OUT							ontamin	ation					5	_	_			lities installed, maintained, an			0	1
3	-							ot preser				0	0	2	5	-	-	vaequa	ne ve	ntilation and lighting; designa		0	0	1
3	-						d during	) food pr	eparation,	, storage	& display	0	0	1		-	UT			Administrative I	tems			
3	_	Ó	Wipi		ths; p	roperly u		d stored	·				0	1	5	_				nit posted inspection posted		0	0	0
4	0	0 OUT	Was	hing f	ruits a	nd vege Pr		ise of L	Jtensils			0	0	1		-	_	_	_	Compliance Sta Non-Smokers P		YES	NO	WT
4	_					properly	stored		y stored, d	fried her	diad		8		5					with TN Non-Smoker Protect ducts offered for sale		0	8	0
4	3	0	Sing	le-use	sing/	e-servic			y stored, d erly stored,		Jalea	0	0	1	5					oducts are sold, NSPA surve	/ completed	ŏ		Ů
	4			es us			and the second	a datala			ande la sussan		0							Reported sisterior, of an identi-	at data factors and a second in some			
servi	ce er	stablis	shmer	st perm	nit. Ite	ms identif	fed as o	onstitutin	ng imminen	nt health h	hazards shall b	e corre	cted i	mmed	iately	or op	mation	is shall	ceas	Repeated violation of an identic e. You are required to post the f lling a written request with the C	ood service establishment perm	it in a c	consp	icuous
repo	rt. T.	C.A.	sectio	ns 68-	14-703	68-14-70	Å	708, 68-1/	4-709, 68-1	4-711, 68-1	14-715, 68-14-7	16, 4-5	320.		ang i	-gard	- g m			and a ministration with the C	and a second sec		- Gald	
V	Μ	Þ	b.	$\sim$		ZE	r II	$\checkmark$			12/1	L4/2	023	3		R	1	)a.	1.4	non to		12/1	.4/2	2023
Sigr	natu	re of	Pers	ion In	Char	ge							[	Date	Si	gnatu	re of	Envir	onme	ental Health Specialist				Date
_							/			, , , , , , , , , , , , , , , , , , ,						-			-	ealth/article/eh-foodservio	e ****			
PHS	2267	(Rev.	6-15)	)				Free			ning classe II (									inty health department. p for a class.			R	DA 629

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



#### Establishment Information

Establishment Name: Dream Events & Catering Establishment Number #: 605245738

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							

Equipment Temperature	
Decoription	Temperature (Fahrenheit)
Warming cabinet	160
Warming cabinet 2	165
Expo Walk in cooler	35
Bread Walk in freezer	0

Food Temperature	State of Food	Temperature ( Fahrenheit

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#### Establishment Information

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#### Comments/Other Observations

\*\*\*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.

# Establishment Information

Establishment Name: Dream Events & Catering Establishment Number : 605245738

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