

Establishment Name

City

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Permanent O Mobile Type of Establishment

O Temporary O Seasonal

175 Cherokee Dock Rd Address Lebanon

Time in 10:10 AM AM / PM Time out 10:55; AM AM / PM

Inspection Date

Embargoed 0

SCORE

05/12/2023 Establishment # 605316479

Infinity Hospitality Inc. Kitchen

O Preliminary

Number of Seats 500 O Yes 疑 No

O Follow-up **K**Routine O Complaint O Consultation/Other Purpose of Inspection Risk Category О3 Follow-up Required

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

			OUT=not in compliance NA=not applicable NO=not observe	ed		0		
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	邕	٥			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			******
2	ЭX	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	0	0		X	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	0	0		3%	Hands clean and properly washed	0	0	
7	0	0	0	×	No bare hand contact with ready-to-eat foods or approved 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	0	0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	窓	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	×	0			Proper disposition of unsafe food, returned food not re-	0	0	2

					Compliance Status	COS	R	WT
	IN	оит	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	_	0	0	寒	Proper cooking time and temperatures	0	0	5
17	0	0	0	X	Proper reheating procedures for hot holding	0	0	
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	X	0	Proper cooling time and temperature	0	0	
19	0	0	0	文	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	×		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	300		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	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 HACCP plan	0	0	5

#### strol the introduction of pathogens, chemicals, and physical objects into foods.

L PRACTICES

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Safe Food and Water			
28	0	Pasteurized eggs used where required	0	0	Г
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	Г
33	0	Approved thawing methods used	0	0	Т
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	×	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	ŀ
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	
44	10	Gloves used properly	0	0	

	on	R-repeat (violation of the same code provision)  Compliance Status	cos	R	W
	OUT	Utensils and Equipment	-		
45	0	Food and norfood-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	0	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	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items			
55	0	Current permit posted	0	0	Γ,
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	- 3%	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	- 0	0	

and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filling a wi n ten (10) days of the date of the 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

05/12/2023

Date Signature of Environmental Health Specialist

05/12/2023 Date

Signature of Person In Charge

\*\*\*\* 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: Infinity Hospita	ality Inc. Kitchen							
Establishment Number # 60531647	79							
NSPA Survey - To be completed	if #57 is "No"							
Age-restricted venue does not affirmatively r twenty-one (21) years of age or older.	estrict access to its buildings o	r facilities at all times to p	ersons who are					
Age-restricted venue does not require each	person attempting to gain entry	to submit acceptable for	m of identification.					
"No Smoking" signs or the international "Nor	n-Smoking" symbol are not con	spicuously posted at ever	ry entrance.					
Garage type doors in non-enclosed areas ar	re not completely open.							
Tents or awnings with removable sides or ve	ents in non-enclosed areas are	not completely removed	or open.					
Smoke from non-enclosed areas is infiltrating	g into areas where smoking is	prohibited.						
Smoking observed where smoking is prohibited by the Act.								
Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	renhelt)				
Dish machine	CI	75						

Equipment Temperature	
Description	Temperature ( Fahrenheit)
Wif	-5
Wic	36

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
No tcs food during		
3		

Observed Violations
Total # 1
Repeated # ()
35: Food in clear containers not labeled.
***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: Infinity Hospitality Inc. Kitchen

Establishment Number: 605316479

### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Illness policy available
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (N.O.) No food workers present.
- 5: (N.O.) No food workers present at the time of inspection.
- 6: No prep during inspection.
- 7: (NO) No food workers present during the inspection.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See list
- 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 tcs food held during inspection.
- 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 cooking during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No cooling in establishment.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: No tcs food during inspection.
- 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.

<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: Infinity Hospitality Inc. Kitchen	
Establishment Number: 605316479	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	
see last paye for auditional comments.	

Establishment Information

Establishment Name: Infinity Hospitality Inc. Kitchen  Establishment Number #: 605316479	
Establishment Number # 605316479	
003010473	
Sources	
Source Type: Food Source: Sysco	
Source Type: Water Source: City	
Source Type: Source:	
Source Type: Source:	
Source Type: Source:	
Additional Comments	