TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTAB										ON REPORT	SCO														
Establishment Name						Tur	ve of F	Establis	thme	Farmer's Market Food Unit @ Permanent O Mobile	10)											
Address 2615 Medical Center Pkwy							. 74			21 TH	O Temporary O Seasonal				/										
			02	2:0	6 F	M	AJ	M/PN	/ Tin	ne ou	t 02:16: PM АМ/РМ														
Inspec	tion D	ate		02/20/20	24 Establishm	ent# 60532302					-	d 0													
	se of Ir			ORoutine	優 Follow-up	O Complaint			-	elimin	-	-		Cor	suitation/Other										
	atego			01	802	03			04						up Required O Yes 🕄 No	Number of S	aats	12							
11001 10	-			ors are food pr	eparation pract	ces and employee		vior	8 mg				repo	rted	to the Centers for Disease Control	and Prevent		_							
			as c	contributing fac		SORNE ILLNESS RI									control measures to prevent illness	i or injury.									
	(14	ark de	algna	ted compliance stat											ach liom an applicable. Deduct points for cate	egory or subcate	90 17 .)								
IN⊨ir	i compi	iance			ance NA=not applic npliance Status	able NO=not observe	d COS	R		S=cor	recte	d on-si	ite durin	ng ins	pection R=repeat (violation of the sa Compliance Status		n) COS	R	WT						
11	1 OUT	NA	NO		Supervision	1					IN	оυт	NA	NO	Cooking and Reheating of Time/Ten	mperature									
1 8	8 0			Person in charge performs duties	present, demonstra	ites knowledge, and	0	0	5	16	0	0	*	0	Control For Safety (TCS) Foo Proper cooking time and temperatures	oda	0	o	_						
			NO		Employee Hea food employee aw		~				ŏ		Â	-	Proper reheating procedures for hot holding		8	ŏ	5						
3 8					triction and exclusio		ŏ	ŏ	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, a a Public Health Control	and Time as									
11					ood Hygionic Pra						0				Proper cooling time and temperature		0	0							
4 3 5 3					sting, drinking, or tol meyes, nose, and n		0	0	5		20		8		Proper hot holding temperatures Proper cold holding temperatures		8	0	5						
11			_	Preven Hands clean and	ting Contaminati	on by Hands	0	0		21		-		-	Proper date marking and disposition		•	0	Ŷ						
_		0	0	No bare hand cor	ntact with ready-to-e	at foods or approved	0	0	5	22	-	0	×		Time as a public health control: procedures	and records	0	0							
8 8	8 0		-	alternate procedu Handwashing sin	ks properly supplied		0	0	2	23	IN O	001	NA X		Consumer Advisory Consumer advisory provided for raw and un	ndercooked	0	0	4						
			NO	Food obtained fro	Approved Source orm approved source		0	0	_			-	NA		food Highly Susceptible Populatio	ens	-	-	-						
10 C		0	×	Food received at	proper temperature dition, safe, and un			0	5	24		0	×		Pasteurized foods used; prohibited foods no		0	0	5						
_			0	Required records	available: shell sto		0	0	ľ	Н	IN	OUT	NA	NO	Chemicals			_							
- 17		NA	NO		ection from Cont	mination				25	0	0	X		Food additives: approved and properly used		8	0	5						
13 C 14 E	0	8		Food separated a Food-contact surf	ind protected faces: cleaned and	sanitized	8	8		26	<u>S</u> IN	0 OUT	NA		Toxic substances properly identified, stored, Conformance with Approved Pred		0	0	-						
15 X	_		, 	Proper disposition served	n of unsafe food, ret	turned food not re-	0	0	2	27	0	0	冀		Compliance with variance, specialized proce HACCP plan	ess, and	0	٥	5						
			Goo	d Retail Practi	ices are prevent	ive measures to co	ntro	l the	intr	oduc	tion	of p	athog	jens	, chemicals, and physical objects in	nto foods.									
												1CE≶	3												
			ou	T=not in compliance Com	pliance Status	COS=corre	COS	R	WT	inspe	ction				R-repeat (violation of the same or Compliance Status	code provision)	COS	R	WT						
28	00		eurize	Safe ed eggs used wher	Food and Water		0	0	1			UT	ood an	d no	Utensils and Equipment nfood-contact surfaces cleanable, properly d	Sesigned.									
29 30	0	Wate	er and	lice from approve		othade	0	0	2	4	1				and used		<u> </u>	익	1						
30	001			Food To	emperature Cont	rei			_	40		-			g facilities, installed, maintained, used, test s	strips	0	0	1						
31	0	Prop		oling methods use	d; adequate equipm	ent for temperature	0	0	2	43	_	O N UT	onfood	5-con	Physical Facilities		0	0	1						
32 33				properly cooked for thawing methods			0	8		41					water available; adequate pressure talled; proper backflow devices		8		2						
34	_			eters provided and			ŏ	ŏ		50	_				waste water properly disposed		0	0	2						
	001	_			d identification		-			51	_	_			s: properly constructed, supplied, cleaned		_	0	1						
35	0		s prop		of Food Contami	ed records available	0	0	1	53	_	_	-		se properly disposed; facilities maintained ities installed, maintained, and clean		0	0	1						
36	0	_	ots, ro	dents, and animal		nation	0	0	2	54	-	-			ntilation and lighting; designated areas used	1	_	ŏ	1						
37	0	Cont	amin	ation prevented du	ring food preparatio	n, storage & display	0	0	1		0	OUT Administrative Items			_										
38				cleanliness			0	0		54					it posted		0	0	0						
39 40	_		<u> </u>	ths; properly used ruits and vegetable			0			-			iost rec	centi	nspection posted Compliance Status		O YES	NO	WT						
41	00	_	a i de	Prope nsils; properly stor	or Use of Utensili red		0	0		5	Ŧ	-	omoEa	0.001	Non-Smokers Protection Act with TN Non-Smoker Protection Act		क्षा								
42	Ō	Uten	sils, e	equipment and line	ins; properly stored,		0	0	1	53	5	Te	obacco	o pro	ducts offered for sale		0	0	٥						
43 44				e/single-service art ed properly	ticles; properly store	ka, used	0	8	1	55		1	100800	o pri	oducts are sold, NSPA survey completed		0	0							
															Repeated violation of an identical risk factor may										
manne	r and pr	ost the	most	recent inspection re	port in a conspicuous	manner. You have the rig	ht to r	eques										ervice 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 vanner 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 sport. T.C.A. sections 68-14-703, 68-14-708, 68-14-709, 68-14-719, 68-14-715, 68-14-716, 4-5-320.							

pr Signature of Person In Charge

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02/20/2024

minental Health Specialist Date Signature of Environ

02/20/2024

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 denartment

PH-2267 (Rev. 6-15)	Free food safety training classes are available each month at the county health departme	1L RDA 629
1192201 (Nev. 0-10)	Please call () 6158987889 to sign-up for a class.	104.025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Le Macaron Establishment Number #: 605323029

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)							

Equipment Temperature	
Decoription	Temperature (Fahrenheit)

ecoription	State of Food	Temperature (Fahrenheit

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Le Macaron Establishment Number : 605323029

Comments/Other Observations		
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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: Le Macaron

Establishment Number : 605323029

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

Establishment Information Establishment Name: Le Macaron Establishment Number #: 605323029

Sources		
Source Type:	Source:	

Additional Comments