TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

6/230

FOOD SERVICE ESTABLISHMENT						T INSPECTION REPORT						sc	SCORE										
ų																					C	1	
Esta	blish	imen	t Nan		Jashan							Tun	e of F	Establi	ehme	E Dom		Not O Mol		9	7	$\boldsymbol{\zeta}$	
Add	655				2100 21st	Ave S						170	010	-944-011	2411114		porary	O Sea	sonal				
City					Nashville		Time is	01	1:5	0 F	M	AN	1/P	и ти	ne or	ut 01:55			/PM				
	ectio	n Da	te		04/01/2	024 Establishme					Emba	-					·						
Purp	ose	of In:	spect		ORoutine	圖 Follow-up	O Complaint			-	elimin				Cor	nsultation/Othe	or						
Risk	Cat	egon	,		01	\$122	03			04				Fo	llow-	up Required	0	Yes	赋 No	Number of	Seats	80)
		R	ak I	acti as c	ors are food p ontributing fa	reparation practic actors in foodborn	es and employee illness outbreak	behi s. P	vior	s mo	st co lith i	nter	vent	repo	are	to the Cen control me	iters fe asures	or Dise s to pre	ase Cont	trol and Preve	ntion		
							ORNE ILLNESS RI	SK F	ACT	ors	AND	PUI	LIC	HEA	ιтн	INTERVEN	TIONS						
IN	in co	mplia			OUT=not in comp	iance NA=not applica			and the							pection				te same code provi	sion)		
_					Co	mpliance Status		COS	R	WT		_	_					ce Stat		·	COS	R	WT
-	_	_	NA	NO	Person in charg	Supervision e present, demonstration	es knowledge and					IN	ουτ	NA	NO	-			rty (TCS)	Temperature Foods			
	箴 IN	0	NA	NO	performs duties			0	0	5	16 17	0	0	○ 送		Proper cookin Proper reheat				dina	0	00	5
2	XŢ	0	101	110		nd food employee awar	reness; reporting	_	0	5	Ë	IN	олт							g, and Time as	_		_
		0				estriction and exclusion		0	0	°									aith Conti	rel			
4	IN I		NA	_		Sood Hygienic Pract asting, drinking, or tobe		0	0		18 19		0	0	0.0	Proper coolin Proper hot ho	-					0	
5		0	NA	0	No discharge fro	om eyes, nose, and mo nting Contaminatio	outh	ō	õ	5	20		00	8		Proper cold h Proper date n	olding t	emperat	ures		0	8	5
		0	164			d properly washed	n by rianus	0	0			0	0	×						ures and records	0	0	
7	8	0	0	0	No bare hand or alternate proced	ontact with ready-to-ea dures followed	t foods or approved	0	0	5	-	IN	OUT	NA	-	11170 03 0 200			Advisory		ľ	<u> </u>	
8		읎	NA	NO		Approved Source		0	0	2	23	×	0	0		Consumer ad food				d undercooked	0	0	4
9	2	0	_			from approved source	•		0			IN	OUT	NA	NO		ghly Su	scoptil	bie Popul	ations			
10 11	0	8	0	2		at proper temperature ondition, safe, and unac	dulterated	8	0	5	24	0	0	X		Pasteurized f	oods us	sed; proh	ibited food	is not offered	0	0	5
	_	ō	×	0		is available: shell stock		0	0			IN	OUT	NA	NO			Chem	icais				
			NA	NO	Pro	tection from Contai	mination				25	0	0	X		Food additive					0	0	5
13 14	夏夏	8	읭		Food separated Food-contact su	I and protected urfaces: cleaned and si	anitized	8	0	4	26			NA	NO	Toxic substar Confor				pred, used Procedures	0	0	
	×	0	_			on of unsafe food, retu		0	0	2	27	0	0	×		Compliance v HACCP plan					0	0	5
				Goo	d Retail Prac	tices are preventi	re measures to c	ontro	l the	intr	oduc	tion	of p	atho	gens	, chemicals	s, and	physic	al object	ts into foods.			
											L PR		ICE	3									
_	_			00	T=not in complianc Col	e mpliance Status	COS=com		R		inspe	ction						at (violatio nce Sta		me code provision)	COS	R	WT
2	_	OUT	Dect		Saf ed eggs used wh	e Food and Water				_			UT					nd Equip		de declared			
2	,	0	Wate	r and	ice from approv	red source		0	0	2	45	-				nfood-contact and used	sunace	rs cleana	ibie, prope	ny designed,	0	0	1
3	_	읈	Varia	nce o		ialized processing met Temperature Contro		0	0	1	46	(o v	Varewa	ashin	g facilities, ins	talled, r	maintaine	ed, used, te	est strips	0	0	1
3						ed; adequate equipme		0	0	2	47	_	_	lonfoo	d-cor	ntact surfaces					0	0	1
3		_	contr Plant		properly cooked	for hot holding		0	0	1	48		UT DH	lot and	l cold	PI water availab		I Facilit			0	0	2
3	3	0	Appr	oved	thawing methods	s used		0	0	1	45		5 P	lumbir	ng ins	stalled; proper	backflo	w device	15		0	0	2
3		OUT	Then	nome	eters provided ar	nd accurate		0	0	1	50	_				waste water p s: properly co				ed	8	0	2
3	;	×	Food	prop	erly labeled; orig	inal container; required	d records available	0	0	1	52	_				use properly d					0	o	1
		OUT			Prevention	n of Feed Contamin	ation				53	+	5 P	hysica	I faci	lities installed,	mainta	lined, and	d clean		0	0	1
3	;	0	Insec	ts, ro	dents, and anim	als not present		0	0	2	54	1	D A	dequa	te ve	ntilation and li	ighting;	designat	ed areas u	ised	0	0	1
3	,	X	Cont	amina	ation prevented d	during food preparation	, storage & display	0	0	1		0	UΤ			Adı	minist	ative it	oms				
3		-			leanliness			0	0	1	55					nit posted					0	0	0
3	_				ths; properly use ruits and vegetal			8	0		56		⊃ [M	lost re	cent	inspection pos		ce Stat	tus			O NO	WT
		OUT			Prop	per Use of Utensils			· · ·							No	on-Smo	kers Pr	rotection	Act			
4	_				nsils; properly sto outoment and lin	ored nens; properly stored, o	fried handled	8	8		57					with TN Non-8 ducts offered f			on Act		NK O	8	0
4	3	0	Singl	e-use	stangle-service a ed property	articles; properly stored	, used	0	0	1	53					oducts are sol			completer	d		ŏ	Ľ
_	- 1	-				a Rama salahin ang salah s			0				L.F.		مليبون	Based			al alati da com				
servi	ce es	tablis	hmen	t perm	nit. Items identified	r items within ten (10) da d as constituting imminer	t health hazards shall b	e corre	cted i	mmed	ately o	r ope	ration	is shall	ceas	e. You are requ	aired to p	oost the fo	ood service	establishment pern	vit in a	consp	icuous
						report in a conspicuous r 68-14-708, 68-14-709, 68-1				c a the	ning n	gard	-		_				ATTENSIONS	e within ten (10) day	ns of the	e date	OT THIS
			*	Δ	-		04/)1/2	024	1	-	1	Y		11 -	n Jali	an	Ċ			04/0)1/2	2024
Sigr	atur	e of	Pers	on In	Charge				(Date	Sig	hatu	re ol	Enviro	onme	ental Health S	Speciali	ist				_	Date
														-		ealth/article/							

PH-2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class.	RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Jashan Establishment Number #: 605323588

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 Maohine Name Sanitizer Type PPM Temperature (Fahrenheit)

Equipment l'emperature	
Description	Temperature (Fahrenheit)

Description	State of Food	Temperature (Fahrenheit

Total # 2 Repeated # 0 35: 37:	bserved Violations	
35:	tal# 2	
	peated # 0	
07.		
[37.	7.	

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Establishment Information

Establishment Name: Jashan

Establishment Number : 605323588

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: Jashan

Establishment Number: 605323588

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