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

SCORE

| Contraction of the local division of the loc |   |          |                      |         |  |                  |          |                            |  |          |        |                       |                      |  |   |          |        |      |
|--|---|----------|----------------------|---------|--|------------------|----------|----------------------------|--|----------|--------|-----------------------|----------------------|--|---|----------|--------|------|
| Establishment Name   |   |          | Mt. Juliet Nutrition |         |  |                  |          |                            | Fermer's Merket Food Unit     Yype of Establishment     Ø Permanent     O Mobile |          |        |                       |                      |  | 1   |          |        |      |
| Address  |   |          |                      |         | 2034 N. Mt.Juliet Rd.  |                  |          |                            |  |          | 1 yµ   | eore                  | -51800               | SHITTE   | O Temporary O Seasonal  |          |        |      |
| City Mt. Juliet Time in  |   |          |                      |         | 09   | ):0:             | 3 A      | M                          | AJ   | 4/P      | и ті   | ne ou                 | ut 09:31: AM AM / PM |  |   |          |        |      |
|  |   | n Da     | de                   |         | 11/18/2022 Establishment # 6   |                  | _        |                            |  |          | -      | d 0                   |                      |  |   |          |        |      |
|  |   |          | spect                |         | Routine O Follow-up  | O Complaint      |          | ,                          | -<br>O Pre   |          |        | -                     |                      | Cor  | nsultation/Other  |          |        |      |
|  |   | egor     |                      |         | 01 802   | 03               |          |                            | 04   |          |        |                       |                      |  | up Required O Yes 眞 No Number of S  | Seats    | 25     |      |
|  | 1.0-01  |          | isk I                |         | ors are food preparation practices an  | d employee       |          | vior                       | s mo   |          |        |                       | repo                 | rtec   | to the Centers for Disease Control and Preven   |          | _      |      |
|  |   |          |                      | as c    |  |                  | _        |                            | _  |          |        | _                     | _                    |  | control measures to prevent illness or injury.  |          |        |      |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENT<br>(Mark designated compliance status (IN, OUT, NA, NO) for each numbered liem. For items marked OUT, mark COB or R for each item as app  |   |          |                      |         |  |                  |          |                            | egoty.   | )        |        |                       |                      |  |   |          |        |      |
| IN   | ⊧in c   | ompii    | ance                 |         | OUT=not in compliance NA=not applicable<br>Compliance Status                                   | NO=not observe   | d<br>COS | R                          |  | \$=cor   | recte  | d on-si               | ite duri             | ng ins   | pection R=repeat (violation of the same code provis<br>Compliance Status  |          | R      | WT   |
|  | IN  | OUT      | NA                   | NO      | Supervision  |                  |          |                            |  |          | IN     | оυт                   | NA                   | NO   | Cooking and Reheating of Time/Temperature   |          |        |      |
| 1  | 鬣   | 0        |                      |         | Person in charge present, demonstrates knov<br>performs duties                                 | vledge, and      | 0        | 0                          | 5  | 16       | 0      | 0                     | 0                    | *  | Control For Safety (TCS) Foods Proper cooking time and temperatures   | 0        | o      |      |
| 2  | IN<br>24  |          | NA                   | NO      | Employee Health<br>Management and food employee awareness.                                     | reporting        | 0        | 0                          |  |          | Ó      | Ó                     |                      |  | Proper reheating procedures for hot holding   | 00       | Ő      | 5    |
| 3  | Â   | ō        |                      |         | Proper use of restriction and exclusion  | reporting        | ō        | ŏ                          | 5  |          | IN     | ουτ                   | NA                   | NO   | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |          |        |      |
|  |   |          | NA                   |         | Good Hygienic Practices  |                  |          |                            |  |          | 0      | 0                     | 0                    |  | Proper cooling time and temperature   | 0        |        |      |
|  | 黨   | 0        |                      | 0       | Proper eating, tasting, drinking, or tobacco us<br>No discharge from eyes, nose, and mouth     | 0                | 00       |                            | 5  | 20       |        | 00                    | 0                    |  | Proper hot holding temperatures<br>Proper cold holding temperatures   |          | 0      | 5    |
| 6  | IN<br>X   | 001      | NA                   |         | Preventing Contamination by H<br>Hands clean and properly washed                               | ands             | 0        | 0                          | _  | 21<br>22 | 0      | 0                     | 0                    |  | Proper date marking and disposition   | 0        | 0<br>0 | •    |
| 7  | X   | 0        | 0                    | 0       | No bare hand contact with ready-to-eat foods<br>alternate procedures followed                  | or approved      | 0        | 0                          | 5  |          | IN     | OUT                   | NA                   | -  | Time as a public health control: procedures and records<br>Consumer Advisory  | 0        | 9      |      |
| 8  | X   | 0<br>001 | NA                   | NO      | Handwashing sinks properly supplied and acc<br>Approved Source                                 | essible          | 0        | 0                          | 2  | 23       | 0      | 0                     | 12                   |  | Consumer advisory provided for raw and undercooked<br>food  | 0        | 0      | 4    |
|  | 嵐   | 0        | _                    |         | Food obtained from approved source   |                  | 0        |                            |  |          | IN     | OUT                   | NA                   | NO   | Highly Susceptible Populations  |          |        |      |
| 10   | 8   | 0        | 0                    | 200     | Food received at proper temperature<br>Food in good condition, safe, and unadulterat           |                  | 00       | 8                          | 5  | 24       | ×      | 0                     | 0                    |  | Pasteurized foods used; prohibited foods not offered  | 0        | 0      | 5    |
| 12   |   | 0        | ×                    | 0       | Required records available: shell stock tags,<br>destruction                                   | parasite         | 0        | 0                          |  |          |        | ουτ                   |                      | NO   | Chemicals   |          |        |      |
| 13   |   | OUT<br>O |                      | NO      | Protection from Contamination<br>Food separated and protected                                  | on               | 0        | 0                          | 4  | 25<br>26 | щo     | 00                    | X                    |  | Food additives: approved and properly used<br>Toxic substances properly identified, stored, used                                      | 0        | 0      | 5    |
| 14   | ×   | 0        | 0                    | 1       | Food-contact surfaces: cleaned and sanitized<br>Proper disposition of unsafe food, returned fo |                  | 0        | 0                          | 5  |          | IN     | OUT                   | _                    | NO   | Conformance with Approved Procedures<br>Compliance with variance, specialized process, and  |          |        |      |
| 15   | 篾   | 0        |                      |         | served   | ou not re-       | 0        | 0                          | 2  | 27       | 0      | 0                     | 2                    |  | HACCP plan  | 0        | 0      | 5    |
|  | Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods. |          |                      |         |  |                  |          |                            |  |          |        |                       |                      |  |   |          |        |      |
|  |   |          |                      |         |  |                  | 600      | D RI                       | ar/All   | L PR     | ACT    | ICE                   | 3                    |  |   |          |        |      |
|  |   |          |                      | 00      | T=not in compliance<br>Compliance Status   | COS=correr       |          | COS R WT Compliance Status |  |          |        |                       |                      | R-repeat (violation of the same code provision)<br>Compliance Status | COS   | R        | WT     |      |
| 2  | 8   | OUT      | Past                 | euríze  | Safe Food and Water<br>ed eggs used where required   |                  | 0        | 0                          | 1  |          |        | UT                    | ood ar               | nd no  | Utensils and Equipment<br>infood-contact surfaces cleanable, properly designed,   | 0        |        |      |
| 2  | 9   | Õ        | Wate                 | er and  | lice from approved source<br>obtained for specialized processing methods                       |                  | 0        | 0<br>0                     | 2  | 4        | +      | constructed, and used |                      |  |   |          | 0      | 1    |
| _  |   | OUT      |                      |         | Food Temperature Control   |                  | _        | -                          | <u> </u>   | 46       |        | _                     |                      |  | g facilities, installed, maintained, used, test strips  | 0        | 0      | 1    |
| 3  | и   | 0        | Prop                 |         | oling methods used; adequate equipment for to  | emperature       | 0        | 0                          | 2  | 47       | _      | O N<br>UT             | onfoo                | d-con  | ntact surfaces clean Physical Facilities  | 0        | 0      | 1    |
| _  | 2   |          |                      |         | properly cooked for hot holding<br>thawing methods used  |                  | 8        |                            | 1  | 42       |        |                       |                      |  | I water available; adequate pressure<br>stalled; proper backflow devices  | 0        | 8      | 2    |
|  | 4   | 0        |                      |         | eters provided and accurate  |                  | ŏ        |                            | 1  | 50       |        | o s                   | ewag                 | and  | waste water properly disposed   | 0        | 0      | 2    |
| 3  | 5   | OUT<br>O | Ecor                 | 10000   | Food Identification<br>erly labeled; original container; required record                       | e avaiable       | 0        | 0                          | 1  | 51       | _      | _                     |                      |  | es: properly constructed, supplied, cleaned<br>use properly disposed; facilities maintained   | 0        | 0      | 1    |
|  |   | OUT      |                      | , prop  | Prevention of Feed Contamination   | is available     | •        | -                          | -  | 53       |        | _                     | -                    |  | lities installed, maintained, and clean   | -        | 0      | 1    |
| 3  | 6   | 0        | Insec                | cts, ro | dents, and animals not present   |                  | 0        | 0                          | 2  | 54       | 1 0    | 0 A                   | dequa                | ite ve   | ntilation and lighting; designated areas used   | 0        | 0      | 1    |
| 3  | 7   | 0        | Cont                 | amina   | ation prevented during food preparation, storag  | je & display     | 0        | 0                          | 1  |          | 0      | UΤ                    |                      |  | Administrative Items  |          |        |      |
| -  | 8   | -        | -                    |         | leanliness   |                  | 0        | 0                          | 1  | 55       | _      |                       |                      | -  | nit posted  | 0        | 0      | 0    |
| _  | 9<br>0  |          |                      |         | ths; properly used and stored<br>ruits and vegetables  |                  | 00       | 8                          | 1  |          | s   (  | 0 1                   | lost re              | cent   | Compliance Status   | O<br>YES |        | WT   |
| _  | 1   | OUT      |                      | e ute   | Proper Use of Utensils<br>nsils; properly stored   |                  | 0        | 0                          | 1  | 57       | ,      | -                     | ompli                | 2008   | Non-Smokers Protection Act<br>with TN Non-Smoker Protection Act   | x        |        |      |
| - 4  | 2   | 0        | Uten                 | sils, e | quipment and linens; properly stored, dried, ha  | andled           | 0        | 0                          | 1  | 58       | 5      | T                     | obacc                | o pro  | ducts offered for sale  | 0        | 0      | 0    |
|  | 3<br>4  |          |                      |         | v/single-service articles; properly stored, used<br>ed properly                                |                  |          | 8                          | 1  | - 20     | ,      | 1                     | 1008C                | co pr  | oducts are sold, NSPA survey completed  | 0        |        |      |
|  |   |          |                      |         |  |                  |          |                            |  |          |        |                       |                      |  | Repeated violation of an identical risk factor may result in revo-<br>e. You are required to post the food service establishment perm |          |        |      |
| mar  | ner a   | nd po    | st the               | most    |  | You have the rig | ht to re | quest                      |  |          |        |                       |                      |  | a rou are required to post the rood service establishment permissioner within ten (10) days   |          |        |      |
|  |   |          |                      |         | itchlon  | 11/1             | -        |                            | ,  |          | $\leq$ | A                     | H                    | 7  | MA)   | 11/1     | 21ว    | 022  |
| Sin  | natu  | re of    | Pers                 | on In   | Charge   | <u> </u>         | 5,20     | _                          | Date   | s        | natu   | re of                 | U                    | 0<br>Onme  | ental Health Specialist   | LT/ T    | 012    | Date |
|  |   |          |                      |         |  | formation can    | be fo    |                            |  | web      |        |                       |                      |  | ealth/article/eh-foodservice ****   |          |        |      |
|  |   |          |                      |         | -  |                  |          |                            |  |          |        |                       |                      |  | inty health department.   |          |        |      |

| PH-2267 (Rev. 6-15) | Free food safety training class | es are available each mon | th at the county health department. | RDA 62  |
|---------------------|---------------------------------|---------------------------|-------------------------------------|---------|
| (100, 0-10)         | Please call (                   | ) 6154445325              | to sign-up for a class.             | n.be of |

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



#### Establishment Information

Establishment Name: Mt. Juliet Nutrition Establishment Number #: 605046809

| 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<br>wenty-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.   |  |
| Sarage 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 |                          |
|-----------------------|--------------------------|
| Description           | Temperature (Fahrenheit) |
| Frigidaire ric        | 39                       |
| Frigidaire rif        | 0                        |
| Serv-ware ric         | 34                       |
|                       |                          |

| Food Temperature |               |                          |  |  |  |  |
|------------------|---------------|--------------------------|--|--|--|--|
| Description      | State of Food | Temperature (Fahrenheit) |  |  |  |  |
| Milk             | Cold Holding  | 39                       |  |  |  |  |
| BBQ chicken      | Hot Holding   | 138                      |  |  |  |  |
|                  |               |                          |  |  |  |  |
|                  |               |                          |  |  |  |  |
|                  |               |                          |  |  |  |  |
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|                  |               |                          |  |  |  |  |
|                  |               |                          |  |  |  |  |
|                  |               |                          |  |  |  |  |

| •                                    |
|--------------------------------------|
| Observed Violations                  |
| Total #                              |
| Repeated # ()                        |
| 46: 3 comp sink missing drain boards |

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



#### Establishment Information

Establishment Name: Mt. Juliet Nutrition

Establishment Number : 605046809

#### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

- 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: Employee washed hands before handling meals

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

9: See source info

- 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: (IN) All raw animal food is separated and protected as required.
- 14: 3 comp sink not setup. Pans are sent back to main kitchen.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: See food temps
- 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: Milk and juice served is pasteurized
- 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.

## Establishment Information

Establishment Name: Mt. Juliet Nutrition

Establishment Number : 605046809

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Mt. Juliet Nutrition Establishment Number #: 605046809

| Sources      |       |         |      |  |  |  |  |  |
|--------------|-------|---------|------|--|--|--|--|--|
| Source Type: | Water | Source: | City |  |  |  |  |  |
| Source Type: | Food  | Source: | Trio |  |  |  |  |  |
| Source Type: |       | Source: |      |  |  |  |  |  |
| Source Type: |       | Source: |      |  |  |  |  |  |
| Source Type: |       | Source: |      |  |  |  |  |  |

## Additional Comments