

Establishment Name

Address

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

Nashville City

Time in 01:30 PM AM/PM Time out 01:35: PM AM/PM

04/03/2024 Establishment # 605223363 Inspection Date Purpose of Inspection

Risk Category

Routine

KOA Kitchen

2626 Music Valley Dr.

∰ Follow-up

O Complaint

**O**3

O Preliminary

Embargoed 0

O Consultation/Other Follow-up Required

O Yes 疑 No

SCORE

Number of Seats 28

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

II.	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		C
					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	٥			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN		NA	NO	Employee Health			
2	ЭK	0			Management and food employee awareness; reporting		0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	l °
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	鼷	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	$\Box$
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated		0	5
12	0	0	Ж	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	Ŕ	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	M	0			Proper disposition of unsafe food, returned food not re-		0	2

Compliance Status					000	K	** 1	
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	黨	Proper cooking time and temperatures	0	0	5
17	0	0	3%	0	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Centrel			
18	0	0	×	0	Proper cooling time and temperature	0	0	
19		0	文	0	Proper hot holding temperatures	0	0	
20	24	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	
22	0	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	M		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	- XX		Food additives: approved and properly used	0	0	5
26	2	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

#### s, chemicals, and physical objects into foods.

L PRACTICES

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mori	-		_
28	0	Pasteurized eggs used where required	0	0	1
29	0		0	0	
30	0	Variance obtained for specialized processing methods	0	0	1
	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	
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	ŀ
	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	1
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			Π
41	0	In-use utensils; properly stored	0	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
4.5	1902	Single-use/single-service articles; properly stored, used	0	0	Т
43	1 000				

		Compliance Status	cos	R	WT
	OUT	Utensiis and Equipment			
45	0	Food and nonfood-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	2
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	1
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	WT
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

ous manner. You have the right to request a h , 68-14-711, 68-14-715, 68-14-716, 4-5-320. in (10) days of the date of the

04/03/2024

04/03/2024 Date

RDA 629

ignature of Person In Charge

\*\*\*\* Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice \*\*\*\*

Date

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

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



Establishment Information				
Establishment Name: KOA Kitchen				
Establishment Number #:  605223363				
000220000				
NSPA Survey - To be completed if	#57 is "No"			
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.		or facilities at all times to	persons who are	
Age-restricted venue does not require each per	son attempting to gain entr	y to submit acceptable f	orm of identification.	
"No Smoking" signs or the international "Non-S	moking" symbol are not cor	nspicuously posted at ev	ery entrance.	
Garage type doors in non-enclosed areas are n	ot completely open.			
Tents or awnings with removable sides or vents	s in non-enclosed areas are	not completely remove	d or open.	
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is	prohibited.		
Smoking observed where smoking is prohibited	by the Act.			
				_
Warewashing Info				
Machine Name	Sanitizer Type	PPM	Temperature ( Fai	renhelt)
Equipment Temperature				
Description			Temperature ( Fah	renheit)
•				
			·	
Food Temperature			1- 1	
Description		State of Food	Temperature ( Fah	renheit)
			1	

Observed Violations
Total # 1 Repeated # 0
Repeated # 0
<b>13</b> :
""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: KOA Kitchen	
Establishment Number: 605223363	
Comments/Other Observations	

Comments/Other Observations	
1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: 58:	
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## Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

<sup>\*\*\*</sup>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: KOA Kitchen	
Establishment Number: 605223363	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information								
Establishment Name: KOA Kitchen								
Establishment Number #. 605223363								
Sources								
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Additional Comments								