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

SCORE

	100																		_	
Kobe Japanese Cuisine			Type of Establishment     O Fermer's Market Food Unit     O Mobile																	
Establishment Name 8510 Wilkinsville Rd.				Type of Establishment O Mobile O Temporary O Seasonal								t								
	Aggress			Time in	11	1.5	0 A	M			. т.	ma 0	ut <u>12:45; PM</u> AM / PM							
City						2_Establishment #							d 0		me o	at <u>12.10</u> , <u>111</u> AM7PM				
Purp					Routine Routine	O Follow-up	O Complaint			- O Pr					Cor	nsultation/Other				
Risk					01	SE2	03			04		,				up Required X Yes O No	Number of 8	Seats	80	
														repo	ortec	to the Centers for Disease Con control measures to prevent ill		tion		
					ontribering facto											INTERVENTIONS	iess of injury.			
	in e	(Lin ompili		algaa		<ul> <li>(IN, OUT, NA, NO) for e</li> <li>NA=not applicable</li> </ul>	NO=not observe		ltem							spection Receptor (violation of the spectrum)			)	
	_	_	_			liance Status	NO-IN ODDEN		R		Ē	100.00	u una	ne qui	- NJ - 11	Compliance Status			R	WT
$\vdash$	_	-	NA	NO	Person in charge pr	Supervision esent, demonstrates k	nowledge, and					IN	ουτ	NA	NO	Cooking and Reheating of Time Control For Safety (TCS)				
	窟 IN	O OUT	NA	NO	performs duties	Employee Health		0	0	5	16 17	0	0	0		Proper cooking time and temperatures Proper reheating procedures for hot ho	lding	0	00	5
2	X				Management and fo	od employee awarene	ss; reporting		0	5	Ē	IN		NA		Cooling and Holding, Date Marki	ng, and Time as	-	_	
H		OUT	NA	NO	Proper use of restric	d Hygienic Practice		0	0	_	18	0	0	0	12	a Public Health Cent Proper cooling time and temperature	rel	0	0	
4	ŝ	8				g. drinking, or tobacco eyes, nose, and mouth	use	0	0	5	19	Š	0	0	0	Proper hot holding temperatures Proper cold holding temperatures		0	00	
			NA	NO		g Contamination by	/ Hands	0			21	0	0	22	0	Proper date marking and disposition		0	0	5
-+		ō	0	ŏ		ct with ready-to-eat foo	ds or approved	ō	0	5	22	2 💢 IN	O	O NA	O NO	Time as a public health control: proced Consumer Advisor		0	0	
8			NA	NO	Handwashing sinks	properly supplied and Approved Source	accessible	0	0	2	23	_	0	0	110	Consumer advisory provided for raw a food		0	0	4
9	嵐	0			Food obtained from	approved source			0			IN	ουτ	NA	NO		intions			
10	×	ő	-			ion, safe, and unadulte		00	00	5	24	0	0	×		Pasteurized foods used; prohibited foo	ds not offered	0	0	5
	<u> </u>	0	×	0	destruction	vailable: shell stock tag		0	0			IN	OUT		NO	Chemicals				
13	2	0	0	NO	Food separated and				0		29	0		×	·	Food additives: approved and properly Toxic substances properly identified, sl	ored, used	0	0	5
14 15			0		<u> </u>	es: cleaned and sanitiz f unsafe food, returned		0	-	5	-	IN		NA	NO	Conformance with Approved Compliance with variance, specialized		_		
15	2	0			served			0	0	2	2/	0	0	黨		HACCP plan		0	0	5
				Goo	d Retail Practice	is are preventive r	neasures to co	ontro	l the	intr	oduc	ction	of p	atho	geni	s, chemicals, and physical objec	ts into foods.			
				00	T=not in compliance		COS=corre						11CE	3		R-repeat (violation of the sc	me code provision)			
		OUT				iance Status ood and Water		cos	R	WT	Ē		UT		_	Compliance Status Utensils and Equipment		COS	R	WT
21	8	0			ed eggs used where r	required		0	8	1	4		er F			proportion of the surfaces cleanable, prop and used	erly designed,	0	0	1
3	0	0			obtained for specializ	ed processing method	\$	ŏ	ŏ	2		6	-			g facilities, installed, maintained, used,	test strips	0	0	1
3		OUT	Prop	er co		adequate equipment for	or temperature	0	0	2		_	-			ntact surfaces clean		0	0	1
3		-	contr		properly cooked for	hot holding		-	0			_	UT O⊢	ot and	1 cold	Physical Facilities i water available; adequate pressure		0	0	2
- 33	3	0	Appr	oved	thawing methods use	ed		0	0	1	4	9	🚊 P	lumbi	ng ins	stalled; proper backflow devices		Ō	0	2
34	_	OUT	Ther	mome	eters provided and as Food	identification		0	0	1			-			i waste water properly disposed es: properly constructed, supplied, clear	ed	0	0	2
3	5	X	Food	i prop	erly labeled; original	container; required rec	ords available	0	0	1	5	2	<b>o</b>   G	larbag	e/ref	use properly disposed; facilities maintain	ted	0	0	1
30	_	OUT	Inco	ohe ea	Prevention of idents, and animals r	Food Contaminatio	'n	0	0	2	-	_	-			ilities installed, maintained, and clean entilation and lighting; designated areas	red	0	0	1
37	-	-			-	g food preparation, sto	raan 8 disalaw	0	0	1	F	-		oeque	10 40	Administrative Items	2960	ľ		
3					cleanliness	g lood preparation, sto	rage o cispiay	0	0	1	5			ument	t pern	nit posted		0	0	
3	9	XX.	Wipi	ng cic	ths; properly used an ruits and vegetables	nd stored		0	8	1		_				Compliance Status		0	0	0 WT
		OUT			Proper	Use of Utensils				1						Non-Smokers Protection	Act			
				se ute	nsils; properly stored			0	0	1	5	7	- IC	ompli	ance	with TN Non-Smoker Protection Act			0	0
4	1	2		sils, e			, handled	ŏ			5	8			o pro	oducts offered for sale		8	0	
	1 2 3	<u>₹</u> 0	Uten Sing	le-use	equipment and linens	; properly stored, dried es; properly stored, us		0	00	1	5 5		T	obacc		oducts offered for sale roducts are sold, NSPA survey complete	d	0		-
43 44 Failu	1 2 3 4	0 ∭0	Uten Sing Glov	le-use es us y viola	equipment and linens a/single-service article ed properly ations of risk factor iter	; properly stored, dried es; properly stored, us ms within ten (10) days m	ed say result in susper	0 0 0	0 0 0	1 1 1	Servic	8	T T T	obacc tobac	co pr	reducts are sold, NSPA survey complete Repeated violation of an identical risk fact	or may result in revo	0 0	O O	
43 44 Failu servi marr	1 2 3 4		Uten Sing Glov set an	le-use es us y viole t perm	equipment and linens a/single-service article ed property ations of risk factor iter nit. Items identified as recent inspection report	; properly stored, dried es; properly stored, us ms within ten (10) days m constituting imminent he t in a conspicuous mann	ed ay result in susper alth hazards shall b er. You have the rig	O O O Nilon c	O O O o o o o o	1 1 1 r food	5 servic	8 9 x est or op	Ti If ablishe	obacc tobac	ermit.	roducts are sold, NSPA survey complete	or may result in revor establishment permi	0 0	O O of you	icuour
43 44 Failu servi marr	1 2 3 4		Uten Sing Glov set an	le-use es us y viole t perm	equipment and linens a/single-service article ed property ations of risk factor iter nit. Items identified as recent inspection report	; properly stored, dried es; properly stored, us- ms within ten (10) days m constituting imminent he	ed say result in susper alth hazards shall b er. You have the rig 1, 68-14-715, 68-14-7	0 0 0 0 0 0 0 0 0 0 0	0 0 0 f you cted i equer -329.	1 1 r food a he	5 servic	8 9 x est or op	Ti If ablishe	obacc tobac	ermit.	Repeated violation of an identical risk fact . You are required to post the food service	or may result in revov establishment permi er within ten (10) days	0 0 ation t in a of th	0 0 of you conspi	of this
4: 4: 4: Failu servi repol	1 2 3 4		Uten Sing Glov st the sectio	le-use les us y viola t perm most ns 68-	equipment and linens a/single-service article and properly ations of risk factor iter nit. Items identified as of recent inspection report 19770, 68-14-706, 68-14	; properly stored, dried es; properly stored, us ms within ten (10) days m constituting imminent he t in a conspicuous mann	ed ay result in susper alth hazards shall b er. You have the rig	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 2 0 2 0 2	1 1 1 r food g a he	5 servic lately aring r	8 9 or op regare	ablishe eration ling thi	nent p s shalls repo	ermit. I ceas	Repeated violation of an identical risk fact ie. You are required to post the food service filing a written request with the Commission	or may result in revov establishment permi er within ten (10) days	0 0 ation t in a of th	0 0 of you conspi	of this 2022
4: 4: 4: Failu servi repol	1 2 3 4		Uten Sing Glov st the sectio	le-use les us y viola t perm most ns 68-	equipment and linens a/single-service articled property ations of risk factor iter nit. Items identified as recent inspection report 17703, 68-14-706, 68-14	; properly stored, dried es; properly stored, usi ms within ten (10) days m constituting imminent he t in a conspicuous mann -708, 68-14-709, 68-14-71	ed ay result in susper alth hazards shall b er. You have the rig 1, 68-14-715, 68-14-7 02/2	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	o o o o o o o o o o o o o o o o o o o	1 1 1 r food a he 2 Date	servic lately aring i Si	8 9 or op regard	ablishe eration ling thi Te of	nent p s shalls repo	ermit. I ceas onme	Repeated violation of an identical risk fact ie. You are required to post the food service filing a written required twith the Commission filing a written request with the Commission filing a written request with the Commission filing a written request with the Commission	or may result in revov establishment permi er within ten (10) days	0 0 ation t in a of th	0 0 of you conspi	of this
43 44 Failu servi marv repol	1 2 3 4 re to re to re to to re to re to re to to to to to to to to to to to to to		Uten Sing Glov st the sectio	le-use ves us y viole t permost ns 68-	equipment and linens a/single-service articled property ations of risk factor iter nit. Items identified as recent inspection report 17703, 68-14-706, 68-14	; properly stored, dried es; properly stored, usi- ms within ten (10) days in constituting imminent he t in a conspicuous mann -708, 68-14-709, 68-14-71 Additional food safet;	ed any result in susper alth hazards shall b or. You have the rig t, 68-14-715, 68-14-7 02/2 y information can training classe	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	o o o o o o o o o o o o o o o o o o o	1 1 1 r food a he 2 Date on ou	servic lately aring of Signature ar well	s est or op regard gnati bsite,	Time ablishing the second seco	ent part part part part part part part par	ormit. I ceas onme onme pow/h	Repeated violation of an identical risk fact ie. You are required to post the food service filing a written request with the Commission	or may result in revov establishment permi er within ten (10) days	0 0 ation t in a of th	of you date	of this 2022

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



#### Establishment Information

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Establishment Name: Kobe Japanese Cuisine Establishment Number # 605220061

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 wenty-one (21) years of age or older.	
ge-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.	
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						
Ecolab	Chlorine	100							

Equipment Temperature	
Description	Temperature (Fahrenheit)
Freezer	0
Cooler	36

Food Temperature Description	State of Food	Temperature (Fahrenheit
Raw shrimp	Cold Holding	38
Raw chicken	Cold Holding	38
Raw beef	Cold Holding	38
Raw pork	Cold Holding	38
Rice	Hot Holding	140

#### Observed Violations

Total # 10 Repeated # 0

8: Hand sink not supplied with soap and paper towels.

14: Damaged and stained cutting boards.

- 35: Food containers are not labeled.
- 37: Cooked egg rolls are not covered.
- 39: Wiping cloth nit stored in sanitized solution.
- 41: Clean utensils not stored properly.
- 43: Single items not stored properly.
- 45: Rusty equipment present in food area.
- 47: Equipment exterior are dirty.
- 49: Hand sink Has water leak at faucet.

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



#### Establishment Information

Establishment Name: Kobe Japanese Cuisine

Establishment Number : 605220061

#### 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: Employees observed washing hands.

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

9: Sysco

10: (NO): No food received during inspection.

11: (IN) All food was in good, sound condition at time of inspection.

12: (NÁ) Shell stock not used and parasite destruction not required at this establishment.

13: (IN) All raw animal food is separated and protected as required.

15: (IN) No unsafe, returned or previously served food served.

16: (NO) No raw animal foods cooked during inspection.

17: (NA) No TCS foods reheated for hot holding.

18: (N.Ó.) No cooling of TCS foods during inspection.

19: Hot foods held at proper temp.

20: Cold foods held at proper temp.

21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 24 hours.

22: Sushi rice changed every four hours.

23: Advisory located on menu.

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: (NÁ) 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: Kobe Japanese Cuisine Establishment Number : 605220061

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Kobe Japanese Cuisine

Establishment Number # 605220061

Food	Source:	Sysco
Water	Source:	City
	Source:	
	Source:	
	Source:	
		Water Source: Source: Source:

## Additional Comments