## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

No.	Sec.	714														Fermer's Market Food Unit	ſ		
Establishment Name			Ingrained Cafe							E Permanent OMobile		1							
Address			2000 Oak Trail Drive O Temporary O Seasonal																
City Nolensville Time in			11	.:45	5 A	Μ	AJ	/ PI	M Tir	me ou	ат. <u>12:20</u> : <u>РМ</u> АМ / РМ								
Ins	pecti	on Da	ate		03/21/20	24 Establishment #					Emba								
		of In			Routine	O Follow-up	O Complaint		,	- O Pre		-			Cor	isultation/Other			
Ris	k Ca	tegor	y		<b>O</b> 1	3822	<b>O</b> 3			04				Fo	ilow-	up Required O Yes KNo Number of	Seats	23	;
		R	isk													to the Centers for Disease Control and Preve control measures to prevent illness or injury.			
						FOODBOR	NE ILLNESS RI	SK F	ACTO	ORS	AND	PU	LIC	HEA	LTH	INTERVENTIONS			
	hin c	(Cr iompii		algna		tes (IN, OUT, NA, NO) for ance NA=not applicable	NO=not observe		tem							ach item as applicable. Coduct points for category or subca pection Rerepent (violation of the same code provi		)	
		_	_	_		npliance Status	NO-HOL COSETVE	cos	R		Ē	00.00	101-8	ne dun	ng ins	Compliance Status		R	WT
		OUT	NA	NO	Person in chaste	Supervision present, demonstrates	inculates and			_		IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
1	黨	O	NA	NO	performs duties	Employee Health	knowledge, and	0	0	5		00	00	0		Proper cooking time and temperatures Proper reheating procedures for hot holding	0	8	5
	X	0	nu.	NO	Management and	food employee awaren	ess; reporting		•		"	IN	олт		NO	Cooling and Holding, Date Marking, and Time as	ľ		
3	8	O OUT		110	,	triction and exclusion ood Hygionic Practic		0	0	_				NMA XXX		a Public Health Control			
4	X	0	NA	0	Proper eating, tas	sting, drinking, or tobacc	o use	0	0	5	19		0	õ	0	Proper cooling time and temperature Proper hot holding temperatures	0	0	
5		O OUT	NA	NO	Preven	m eyes, nose, and mouth ting Contamination b		0	0	-		100	00	8		Proper cold holding temperatures Proper date marking and disposition	8	00	5
6	×	_			Hands clean and No bare hand cor	properly washed ntact with ready-to-eat fo	ods or approved	0		5	22	0	0	×	0	Time as a public health control: procedures and records	0	0	
7	氮	0	0	0	alternate procedu			0	0	2		_	_	NA		Consumer Advisory Consumer advisory provided for raw and undercooked			
9	IN	OUT	NA	NO		Approved Source		0	_	_	23	O IN	O OUT	NA		food Highly Susceptible Populations	0	0	4
10	0	0	0	20	Food received at	proper temperature		0	0	5	24	0	0	20	no	Pasteurized foods used; prohibited foods not offered	0	0	5
11	<u>米</u>	0 0	×	0	Required records	dition, safe, and unadult available: shell stock ta		0 0	0 0	°	H	IN	OUT	NA	NO	Chemicais	-	-	-
	IN	OUT	NA	NO	destruction Prete	ection from Contamin	ation				25	0	0			Food additives: approved and properly used	0	8	5
13	急ば	0 0	8		Food separated a Food-contact surf	and protected faces: cleaned and sanit	ized		0		26	<u>美</u> N	O OUT	NA	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures	0	0	Ű
	X					n of unsafe food, returne		0	0	2	27	0	0	8		Compliance with variance, specialized process, and HACCP plan	0	0	5
				-						_			-				-		
				Goo	d Retail Practi	ices are preventive	measures to co								gens	, chemicals, and physical objects into foods.			
				00	T=not in compliance		COS=corre		n-site (	during			ICR	5		R-repeat (violation of the same code provision)			
	_	OUT				Food and Water		COS	R	WT		0	UT			Compliance Status Utensils and Equipment	COS	R	WT
_	28 29				ed eggs used when lice from approve			8	8	1	4	5 (				nfood-contact surfaces cleanable, properly designed, and used	0	0	1
_	30		Varia		obtained for specia	alized processing methor emperature Control	25	ŏ	ŏ	ĩ	4	5 0	-			g facilities, installed, maintained, used, test strips	0	0	1
1	31	0	Prop			d; adequate equipment f	for temperature	0	0	2	47	_	-	lonfoo	d-con	tact surfaces clean	0	0	1
	32	0	cont Plan		properly cooked fi	or hot holding		0	0		41		ит О Н	lot and	i cold	Physical Facilities water available; adequate pressure	0	o	2
	33 34		<u> </u>		thawing methods eters provided and			0	0		49	_	_			talled; proper backflow devices waste water properly disposed	0	0	2
	~	OUT	The			d identification		Ŭ		<u> </u>	5	_	_			s: properly constructed, supplied, cleaned	ŏ	ŏ	1
3	35	0	Food	i prop		al container; required re		0	0	1	53					se properly disposed; facilities maintained	0	0	1
	36	OUT	Inse	ots re	Prevention dents, and animal	of Food Contaminati	on	0	0	2	5	_				ities installed, maintained, and clean ntilation and lighting; designated areas used	0	0	1
	37	-	-		-	ring food preparation, st	oraaa R dirolay	0	0	1	F		UT		ne re	Administrative Items	Ť		
	38				cleanliness	ing roos preparation, as	orage a display	0	0	-	54	-		ument	perm	it posted	0	0	
	39	Ô	Wipi	ng cic	ths; properly used			0	0	1						inspection posted	0	0	0 WT
	10	OUT				or Use of Utensils		0								Compliance Status Non-Smokers Protection Act			WI
_	11				nsils; properly stor equipment and line	red ms; properly stored, drie	d, handled	0	8	1	5	5	T	obacc	o pro	with TN Non-Smoker Protection Act ducts offered for sale		0	0
	13 14				single-service art ed properly	ticles; properly stored, us	sed		8		55	)	If	tobac	co pr	oducts are sold, NSPA survey completed	0	0	
Fail	ure to	- com	ect an	y viola	ations of risk factor			sion o	fyour	food						Repeated violation of an identical risk factor may result in revo			
mar	vier a	ind po	st the	most	recent inspection re	port in a conspicuous man	ner. You have the rig	ht to r	equest							a. You are required to post the food service establishment permission a written request with the Commissioner within ten (10) day			
repo	n. T		sectio	ns 68-	14-703, 68-14-706, 68	-14-708, 68-14-709, 68-14-7						٦	$\geq$		~	hlung P	00/0	14 10	
01-		$\sum$	Deer		Charge	$\sim$	03/2	(1/2			Ria	nati				blyn T. Intal Health Specialist	03/2	21/2	2024 Date
90	natu	e 01	r-ers	onin	chaige					Date	- 30	natu	e or	CUMIN	unime	a kai mealuh operialist			Date
						** Additional food cafe	ty information can	he fe	unde	0.00	runh	site	htte	the c	wull	ealth/article/eh-foodservice			

PH-2267 (Rev. 6-15)	Free food safety training cl	RDA 629		
(19220) (1004. 0-10)	Please call (	) 6153405620	to sign-up for a class.	101.025

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



#### Establishment Information

Establishment Name: Ingrained Cafe Establishment Number #: 605316059

ISPA Survey – To be completed if #57 is "No"	
ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-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.	
arage 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)				
Sanitizer bucket Three compartment sink (not	QA QA	400					

Equipment Temperature		
Description	Temperature (Fahrenheit)	
Prep cooler 1	34	
Reach in cooler	40	
Reach in cooler 2	31	
Reach in freezer	-5	

Food Temperature						
Decoription	State of Food	Temperature (Fahrenheit)				
Cooked corn in prep cooler 1	Cooling	36				
Pulled chicken in crockpot	Hot Holding	169				
Milk in reach in cooler	Cold Holding	37				
Spinach in reach in cooler 2	Cold Holding	40				
Milk in reach in cooler 3	Cold Holding	37				

#### Observed Violations

Total # 2

Repeated # ()

37: Employee bag stored on prep table in back storage area.

37: Book stored on cutting board of prep cooler in kitchen.

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



### Establishment Information

Establishment Name: Ingrained Cafe

Establishment Number : 605316059

### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.

2: Policy present

- 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: Observed proper hand washing.

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 sources

- 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.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: No foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No TCS foods cooled.
- 19: See temps
- 20: See temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NÁ) No food held under time as a public health control.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 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: Ingrained Cafe

Establishment Number: 605316059

Comments/Other Observations (cont'd)

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

# Establishment Information Establishment Name: Ingrained Cafe Establishment Number #: 605316059

Sources			
Source Type:	Food	Source:	Whole Foods, Sprouts
Source Type:	Water	Source:	City
Source Type:	Food	Source:	JD Country Milk
Source Type:		Source:	
Source Type:		Source:	

## Additional Comments