TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

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|-------------------------------|---------|----------|--|----------|------------------------------------|---|---------------------------|---------------|-------|----------|----------|--------|----------|-------------------------|---------|--|--------|--------|---------|
| Eeta | hiel | 10000 | t Nar | | Cinco De | Mayo Mex Re | st | | | | | | | | | Fermer's Market Food Unit Permanent O Mobile | | | |
| Establishment Name Address | | | Type of Establishment [®] Permanent ^O Mobile 4183 Franklin Rd Ste B9 ^O Temporary ^O Seasonal | | | | | | | | | | | | | | | | |
| | | | Murfrees | ooro | Time in | 03 | ۲·۲ | 6 F | | | | | | ut 04:14:PM AM/PM | | | | | |
| City | | | | | | | | | | | | | | | me o | | | | |
| | | n Da | | | | 024 Establishme | | | | - | | argoe | đ | | | L | | | |
| Purp | ose | of In | spec | tion | ORoutine | 简 Follow-up | O Complaint | | | O Pr | elimir | nary | | C | Cor | nsultation/Other | | 10 | _ |
| Risk | Cat | egor | | a rat | O1 | preparation practic | O3 | behr | | 04 | unt c | omn | 108 | | | up Required O Yes 🕱 No Number of S I to the Centers for Disease Control and Preven | | 12 | 5 |
| | | | | | | | | | | | | | | | | control measures to prevent illness or injury. | | | |
| | | | urik de | alona | ed compliance | | | | | | | | | | | INTERVENTIONS ach item as applicable. Deduct points for category or subcat | esory. | | |
| IN | •in c | ompli | | | OUT=not in con | pliance NA=not applica | | | | | | | | | | spection R=repeat (violation of the same code provisi | | | |
| - | | 0.07 | | 110 | ° | ompliance Status | | COS | R | WT | F | _ | | _ | | Compliance Status Cooking and Reheating of Time/Temperature | COS | R | WT |
| \rightarrow | - | | NA | NO | Person in char | Supervision ge present, demonstrat | es knowledge, and | | | _ | | IN | ou | T NA | NO | Control For Safety (TCS) Foods | | | |
| | 义 IN | O | NA | NO | performs dutie | | ÷ · | 0 | 0 | 5 | | 1 0 | 8 | | | Proper cooking time and temperatures Proper reheating procedures for hot holding | 0 | 00 | 5 |
| 2 | X | 0 | 101 | | Management | and food employee awa | | 0 | 0 | 5 | F | IN | ou | | NO | Cooling and Holding, Date Marking, and Time as | Ť | | |
| | 2 | 0 | | | Proper use of | restriction and exclusion | - | 0 | 0 | Ů | | | | | | a Public Health Control | | | |
| 4 | 20 | 0 | NA | | Proper eating. | Good Hygienic Prac tasting, drinking, or tob | | 0 | 0 | | 19 | | 00 | 0 | _ | Proper cooling time and temperature Proper hot holding temperatures | 0 | 0 | |
| 5 | 2 | 0 | NA | | | from eyes, nose, and m enting Contamination | | 0 | 0 | <u> </u> | | 12 | 0 | 0 | ~ | Proper cold holding temperatures Proper date marking and disposition | 8 | 8 | 5 |
| | × | 0 | - | | Hands clean a | nd properly washed | | 0 | 0 | | | 0 | 0 | | - | Time as a public health control: procedures and records | ō | ō | |
| 7 | X | ο | 0 | 0 | | contact with ready-to-ea edures followed | it foods or approved | 0 | 0 | ° | | IN | OU | | NO | | - | - | |
| | | 0 001 | NA | NO | Handwashing | sinks properly supplied Approved Source | | 0 | 0 | 2 | 23 | 1 | 0 | 0 | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| 9 | 黨 | 0 | | | | from approved source | - | 0 | | | | IN | ou | T NA | NO | Highly Susceptible Populations | | | |
| 10 11 | | | 0 | <u>×</u> | | at proper temperature condition, safe, and una | dulterated | 8 | 0 | 5 | 24 | 0 | 0 | 88 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | 0 | 0 | × | 0 | Required reco destruction | rds available: shell stoc | k tags, parasite | 0 | 0 | | | IN | ou | T NA | NO | Chemicais | | | |
| | | | | NO | Pr | otection from Conta | mination | | | | 25 | 0 | 0 | | | Food additives: approved and properly used | 0 | 0 | 5 |
| 13 | 夏家 | 00 | 8 | | | d and protected surfaces: cleaned and s | anitized | 8 | 0 | 4 | 26 | S IN | 0 | | NO | Toxic substances properly identified, stored, used Conformance with Approved Procedures | 0 | 0 | |
| 15 | _ | _ | - | · | | tion of unsafe food, retu | rned food not re- | 0 | 0 | 2 | 27 | 0 | 0 | 8 | | Compliance with variance, specialized process, and | 0 | 0 | 5 |
| | | | | | served | | | - | | | | - | | | | HACCP plan | | | |
| | | | | Goo | d Retail Pra | ctices are preventi | ve measures to co | | | | | | | | gens | s, chemicals, and physical objects into foods. | | | |
| | | | | 00 | Tenot in complia | nce | COS=come | GO0 cled o | | | | | | 3 | | R-repeat (violation of the same code provision) | | | |
| | _ | OUT | _ | | C | ompliance Status | | COS | | | É | | | | | Compliance Status | COS | R | WT |
| 2 | 8 | 0 | Past | | d eggs used w | here required | | 0 | 0 | 1 | L | | UT O | Food a | nd no | Utenalis and Equipment infood-contact surfaces cleanable, properly designed, | 0 | 0 | 1 |
| 2 | _ | | | | ice from appro obtained for spe | ved source cialized processing me | thods | 8 | 0 | 2 | \vdash | + | _ | | | and used | | | |
| - | | OUT | | | Feed | Temperature Contr | ol | - | | | | _ | _ | | | g facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 3 | 1 | 0 | cont | | oling methods u | ised; adequate equipme | ent for temperature | 0 | 0 | 2 | H | | 0 UT | Nontoo | d-cor | ntact surfaces clean Physical Facilities | 0 | 0 | 1 |
| 3 | _ | | | | | d for hot holding | | | 0 | | | _ | - | | | f water available; adequate pressure | 0 | | 2 |
| 3 | _ | | <u> </u> | | thawing metho eters provided a | | | 8 | 0 | 1 | | _ | _ | | | stalled; proper backflow devices | 6 | 0 | 2 |
| | | OUT | | | | ood identification | | Ě | | | | | - | | | es: properly constructed, supplied, cleaned | õ | | 1 |
| 3 | 5 | 0 | Food | i prop | erly labeled; or | iginal container; require | d records available | 0 | 0 | 1 | 5 | ` | ~ | | · | use properly disposed; facilities maintained | 0 | 0 | 1 |
| | | OUT | | | | on of Feed Contamir | ation | - | | | | - | - | | | lities installed, maintained, and clean | 0 | | 1 |
| 3 | 6 | 0 | Inse | cts, ro | dents, and anii | nals not present | | <u> </u> | 0 | 2 | Ľ | - | - | Adequa | ne ve | entilation and lighting; designated areas used | 0 | 0 | 1 |
| 3 | 7 | | | | | during food preparation | , storage & display | 0 | 0 | 1 | | 9 | UT | | | Administrative Items | | | |
| 3 | - | | | | leanliness | sed and stored | | 0 | 0 | 1 | | _ | | | - | nit posted inspection posted | 0 | | 0 |
| 4 | 0 | 0 | Was | | ruits and veget | | | | ŏ | | Ľ | ~ 1 | <u> </u> | nino de ris | N/GIII. | Compliance Status | YES | | WT |
| 4 | _ | OUT | | a i da | Pro nsils; properly : | oper Use of Utensils | | 0 | 0 | 1 | F | 7 | _ | Comoli | 2000 | Non-Smokers Protection Act with TN Non-Smoker Protection Act | X | | |
| 4 | 2 | 24 | Uten | sils, e | quipment and | inens; properly stored, a | | 0 | 0 | 1 | 5 | 8 | t | Tobacc | o pro | ducts offered for sale | 0 | 0 | 0 |
| 4 | 3 4 | | | | /single-service ed properly | articles; properly stored | d, used | | 8 | | 5 | 9 | | If tobac | co pr | oducts are sold, NSPA survey completed | 0 | 0 | |
| Failu | re to | corri | ect an | y viola | tions of risk fac | or items within ten (10) d | ays may result in susper | vsion o | fyou | food | servic | ce est | blish | ment p | ermit. | Repeated violation of an identical risk factor may result in revor | ation | of you | ar food |
| | | | | most | recent inspection | report in a conspicuous r | manner. You have the rig | the to r | eques | | | | | | | e. You are required to post the food service establishment permitting a written request with the Commissioner within ten (10) days | | | |
| repo | nt, T. | CA | rtie | | X | 68-14-708, 68-14-709, 68-1 | 4-711, 68-14-715, 68-14-7 | 16, 4-5 | 320. | | - | | / | $\widehat{\mathcal{D}}$ | - | 21 | | | |
| | | L | _ | > | | | 04/2 | 11/2 | 024 | L | _ | C | Z | 5 | 2 | Sh | 04/1 | 1/2 | 024 |
| Sigr | natu | re of | Pers | on In | Charge | | | | (| Date | S | gnat. | ire 🔿 | Envir | onme | ental Health Specialist | | | Date |
| | | | | | | | , | | | | | | | | | ealth/article/eh-foodservice | | | |
| PH-2 | 267 | (Rev | 6-15 | | | Free food sa | fety training classe | s are | ava | lable | eac | :h m | onth | at the | cou | inty health department. | | B | A 629 |

| Please call () 6158987889 to sign-up for a class. | PH-2267 (Rev. 6-15) | Free food safety training clas | ses are available each mon | th at the county health department. | RDA |
|--|---------------------|--------------------------------|----------------------------|-------------------------------------|-------|
| | P192207 (Nev. 0-10) | Please call (|) 6158987889 | to sign-up for a class. | nDe t |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cinco De Mayo Mex Rest Establishment Number #: 605246425

| Warewashing Info | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

| Equipment l'emperature | | | | | | |
|------------------------|--------------------------|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | |
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| escription | State of Food | Temperature (Fahrenheit |
|------------|---------------|--------------------------|
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| Observed Violations | | |
|---------------------|--|--|
| Total # 4 | | |
| Repeated # () | | |
| 2: | | |
| 2. | | |
| 52: 53: | | |
|)3. | | |
| 53: | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Cinco De Mayo Mex Rest Establishment Number : 605246425

| Comments/Other Observations | |
|--|--------------------------------|
| 1: All priority items corrected, pic demonstrates knowledge of date marking and good cool | ing practices. |
| 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: | |
| 3: | |
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| | |
| 0. 7· | |
| 8: | |
| 9: | |
| 10: | |
| 11: | |
| 12: | |
| | |
| 14: Dish machine reads 50 ppm cl | |
| 16 | |
| 15: 16: 17: | |
| 18: No food cooling during inspection, however pic stated all cooked foods will be cooled i | n walk in freezer from now on. |
| Observed cooked foods frozen in wif. | |
| 19: All hot tcs foods holding at 135F or higher | |
| 20: | |
| 21: All ready to eat foods are date marked and within 7 day window of use. 22: 23: 24: 25: | |
| 22: | |
| 23: | |
| 24. | |
| 23. 26: All chemicals properly labeled | |
| 27: | |
| 57: | |
| 26: All chemicals properly labeled 27: 57: 58: | |
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| the case at the and of this descenant for any visibilities that could not be displayed in this appo | |

"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: Cinco De Mayo Mex Rest Establishment Number : 605246425

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Cinco De Mayo Mex Rest Establishment Number #: 605246425

| Sources | | |
|-----------------------------|---------|--|
| Source Type: | Source: | |
| Additional Comments | | |
| All prints, itoma corrected | | |

All prioirty items corrected.

Delivered permit revoc warning letter during inspection.