TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

63.30

| | | | | | | FOO | D SER | VICE ESTA | BL | ISH | M | ENT | r II | NSF | PEC | TI | ON REPORT | SCO | RE | | |
|--------------------|----------|----------|----------|---------|--|--------------------|-----------------|------------------|----------|-------|----------------------|---|--------------|----------|---------|----------|---|---|------|-----|------|
| ß | | 1 | T. C. S. | | | | | | | | | | | | | | | | | | |
| Establishment Name | | | | | | | Tur | w of F | Tetabli | iehmu | R Permanent O Mobile | y | \mathbf{F} | 5 | | | | | | | |
| Addr | ess | | | | 1202 S. Ja | ames C | Campbell | Blvd. Ste 2 | | | | | 1.25 | 2010 | -54864 | C2011114 | O Temporary O Seasonal | | | | |
| City | | | | | Columbia | | | Time in | 01 | L:5 | 4 F | Type of Establishment | | | | | | | | | |
| Insp | ectic | n Da | rte | | 04/16/2 | 024 _E | stablishment | 60525730 | 5 | | _ | Emba | - argoe | d 0 | | | | | | | |
| Purp | ose | of In | spec | | ORoutine | | ollow-up | O Complaint | | | _ | | | _ | | Cor | nsultation/Other | | | | |
| Risk | Cat | egon | y | | O 1 | X 2 | | 03 | | | O 4 | | | | Fo | ollow- | up Required O Yes 質 No | Number of S | eats | 14 | 9 |
| | | R | | | | | | | | | | | | | | | | and Prevent | tion | | |
| | | | | | | | | | | | | | | | | | | a or agerg. | | | |
| 18.6 | in e | | | algna | | | | | | ltem | | | | | | | | | | | |
| 104 | in ci | ompili | ance | _ | OUT=not in comp Co | mpliance | | NO=not observ | | R | | | recie | d on-si | ne duri | ng ins | | | | R | WT |
| \rightarrow | | | NA | NO | Dograp in chara | | pervision | Inculation and | | | | | IN | ουτ | NA | NO | | | | | |
| | 邕 | 0 | NA | 10 | performs duties | | | knowledge, and | 0 | 0 | 5 | | | | | | Proper cooking time and temperatures | | 2 | 읽 | 5 |
| 2 | X | 0 | NA | NO | Management ar | | ployee awaren | ness; reporting | 0 | 0 | | ^w | | | | | | | | 0 | |
| | 8 | 0 | | | Proper use of re | | | | 0 | 0 | ° | | | | | | | 1 | _ | - | |
| 4 | 1 | 0 | NA | _ | Proper eating, t | | king, or tobacc | | 0 | 0 | | 19 | 家 | 0 | | | | | 0 | 0 | |
| 5 | | | NA | - | No discharge fr Preve | | ose, and mout | | 0 | 0 | <u> </u> | 20 | 20 | 8 | | 0 | | | 8 | 8 | 5 |
| 6 | × | 0 | | 0 | Hands clean an | d properly v | washed | | _ | 0 | | | | | | | | s and records | _ | | |
| | × | 0 | 0 | 0 | alternate proces | dures follow | ved | oods or approved | 0 | 0 | Ľ | | _ | OUT | NA | NO | | a do an a chur d | | | |
| _ | IN | OUT | NA | NO | Handwashing s | Appro | ved Source | d accessible | | 0 | - | 23 | | - | | | food | | 0 | 0 | 4 |
| 10 | <u>尚</u> | 0 | 0 | 2 | Food obtained f Food received a | at proper ter | mperature | | | 0 | | | _ | | | NO | | | | | |
| 11 | × | 0 | | | Food in good co Required record | ondition, saf | fe, and unadul | | 0 | 0 | 5 | 24 | | | _ | | | not offered | 0 | 9 | • |
| | _ | 0 | NA | O | destruction | | om Contami | | 0 | 0 | | 25 | | | | | | ad | 0 | 0 | |
| 13 | 2 | 0 | 0 | | Food separated | and protec | cted | | | 0 | | 26 | 嵐 | 0 | | · | Toxic substances properly identified, store | d, used | | | 5 |
| | 黨 | 0 | 0 | | Food-contact su Proper dispositi | | | | _ | 0 | 5 | - | _ | | _ | NO | | Contraction of the second s | | | |
| 15 | ~ | 0 | | | served | | | | 0 | 0 | 2 | 21 | 0 | U | ~ | | HACCP plan | | • | 9 | 0 |
| | | | | Goo | d Retail Prac | tices are | preventive | measures to co | ontro | l the | intr | oduc | tion | of p | atho | gens | , chemicals, and physical objects | into foods. | | | |
| | | | | 0 | For all in complete | | | CO8 | | | | | | | 3 | | Burnsed biologics of the same | calls are inited | | | |
| | | | | 00 | | mpliance | | COS=com | | R | | | | | | | Compliance Status | code provision) | COS | R | WT |
| 21 | 3 | | Past | | d eggs used wh | | | | | 0 | | | _ | - 2 | ood a | nd no | | designed, | 0 | 0 | 1 |
| 25 | _ | | | | ice from approver the special of the | | cessing metho | ds | 8 | 0 | 2 | \vdash | + | - 0 | | | | | _ | - | |
| | | OUT | _ | | | | ure Control | fortemporture | 1 | | | | | - | | | • | sube | - | - | 1 |
| 3 | | 0 | cont | lon | oling methods us | | | for temperature | 0 | 0 | 2 | | 0 | UT | | | Physical Facilities | | | | |
| 3: | _ | | | | properly cooked thawing method | | ding | | | 8 | 1 | | | | | | | | | | |
| 3 | | 0 001 | | mom | eters provided ar | nd accurate | | | 0 | 0 | 1 | | _ | - | | | | | | | |
| 35 | _ | | _ | i prop | erly labeled; orig | | | ecords available | 0 | 0 | 1 | | _ | | | | | | | | |
| | | OUT | | | | | Contaminat | | | | | | | _ | - | · | | | | _ | 1 |
| 3 | 3 | 0 | Inse | cts, ro | dents, and anim | als not pres | sent | | 0 | 0 | 2 | 5 | 4 (| 0 A | dequa | ste ve | ntilation and lighting; designated areas use | d | 0 | ٥ | 1 |
| 37 | 7 | X. | Cont | tamina | ation prevented of | during food | preparation, s | torage & display | 0 | 0 | 1 | | 0 | UT | | | Administrative items | | | | |
| 34 | | - | - | | leanliness ths: properly use | ed and store | od | | 0 | 0 | 1 | | | | | | | | 0 | 이 | 0 |
| 4 |) | 0 | Was | | ruits and vegetal | | 3G | | | ő | _ | Ľ | 0 (| <u> </u> | IOSE PE | cent | | | | | WT |
| 4 | _ | OUT O | | e ute | Prop nsils; properly st | per Use of ored | Utensils | | 0 | 0 | 1 | | | - 0 | ompli | ance | | ct | 24 | 01 | |
| 4 | | 0 | Uten | sils, e | quipment and lin single-service a | nens; prope | | | 0 | | 1 | 5 | 8 | | | | | | 0 | 0 | 0 |
| 4 | | | | | ed properly | | | | | ŏ | | Ľ | - | | | pr | and and along their strate may sumpressed | | - | - | |
| | | | | | | | | | | | | | | | | | Repeated violation of an identical risk factor n e. You are required to post the food service es | | | | |
| mann | er ar | nd po | st the | most | recent inspection | report in a co | onspicuous mar | | the to r | eques | | | | | | | lling a written request with the Commissioner w | | | | |
| 9 | 1 | \sim | Q, | r | NO | P | | 04/2 | | | 1 | | P | > | m. | Ų | | ſ |)4/1 | 6/2 | 02/ |
| Sigr | atur | re of | Pers | ion In | Charge | S | | .140 | | | Date | Si | gnatu | ire of | Envir | onm | Chiealth Specialist | | , . | 5,2 | Date |
| | | | | | - | | | | | | | | | | | | | | | | |

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

| PH-2267 (Rev. 6-15) | Free food safety training c | lasses are available each mor | th at the county health department. | RDA 629 |
|---------------------|-----------------------------|-------------------------------|-------------------------------------|---------|
| (Net. 0-10) | Please call (|) 9315601182 | to sign-up for a class. | 104.025 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: Don Pepe's Mexican Grill Establishment Number #: 605257305

| 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) | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| quipment l'emperature | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|
| Decoription | Temperature (Fahrenheit) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| ecoription | State of Food | Temperature (Fahrenheit |
|------------|---------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| otal# 2 | |
|-------------|--|
| | |
| epeated # 0 | |
| 7: | |
| 9: | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Don Pepe's Mexican Grill Establishment Number : 605257305

| Comments/Other Observations | |
|-----------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| : | |
| | |
| : | |
| · · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Comments

See last page for additional comments.

***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: Don Pepe's Mexican Grill Establishment Number: 605257305

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Don Pepe's Mexican Grill Establishment Number #: 605257305

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments