TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

S.		11		1																	
Establishment Name		me	Mount Gilead Missionary Baptist Church						Fermer's Market Food Unit Type of Establishment Ø												
Address		4004 Lebanon Pike					Type of Establishment O Temporary O Seasonal							/							
			Hermitage Time in 10:35 AM AM / PM Time out 10:40: AM AM / PM																		
City Inspection Date			04/10/202	4 Establishment # 6									110 04	<u> </u>							
			nsper		ORoutine	愛Follow-up	O Complaint			- O Pre		-	<u> </u>		Cor	sultation/Other	L				
Risk					01	\$102	03			04		,				up Required O Yes	€K No.	Number of S	oats	0	
						aration practices an	d employee							repo	rted	to the Centers for Dise	ase Contro	and Prevent		_	
				as c	contributing facto			_						_		control measures to pre INTERVENTIONS	event lines	s or injury.			
	in e			engles					ite me							ach Itom as applicable. Doduc					
			iance	_	OUT=not in compliance Compl	e NA=not applicable iance Status	NO=not observe	cos	R		5=00	recte	d on-si	ne duni	ng ins	Compliance Stat	tus.		cos	R	WT
\rightarrow		-	NA	NO	Parson in charge on	Supervision esent, demonstrates know	hae eehelu					IN	ουτ	NA	NO	Cooking and Reheating Control For Safe	-				
	区 IN	0		NO	performs duties	Employee Health	vieuge, anu	0	0	5		00				Proper cooking time and tem Proper reheating procedures			8	2	5
2	X	0		1 110		od employee awareness;	reporting	0		5	-"	IN	олт		NO	Cooling and Holding, Da			-	-	
$ \rightarrow $	× IN	0	r na	NO	Proper use of restric	tion and exclusion I Hyglenic Practices		0	0	Ť	12	0	0			a Public He Proper cooling time and temp	aith Control		0		_
4	1	0		0	Proper eating, tastin	g, drinking, or tobacco us	e	0	0	5	19	0	0	2	0	Proper hot holding temperatu	ires		0	0	
	_	OU	NA	NO	Preventin	yes, nose, and mouth g Contamination by H	ands	0				14	00			Proper cold holding temperat Proper date marking and dis			8	00	5
-+		0	0	8	Hands clean and pro No bare hand contact	perly washed ct with ready-to-eat foods	or approved	0	0	5	22	0	0	×	0	Time as a public health contr	ol: procedures	s and records	0	0	
8				0	alternate procedures Handwashing sinks	followed properly supplied and acc	essible		0	2		IN	_	NA	NO	Consumer Consumer advisory provided	for raw and u	ndercooked			
	IN 家	00	NA	NO	Food obtained from	Approved Source		0		_	23	O IN	O OUT	XX NA	NO	food Highly Suscepti	bie Populati	003	0	0	•
10	0	0	0	122	Food received at pro		e d	00	0	5	24		0	22		Pasteurized foods used; prof			0	0	5
11 12	0	0	X	0	Required records av	ailable: shell stock tags, p		0	0 0	Ĩ	Н	IN	OUT	NA	NO	Chem	licals				
H	IN		NA	NO		ion from Contamination	on				25	0	0	X		Food additives: approved an	<u> </u>		8	0	5
13 14			_	1	Food separated and Food-contact surface	protected es: cleaned and sanitized		0	0	4	26	N IN	O OUT	NA	NO	Toxic substances properly id Conformance with A			0	0	
\rightarrow	R	_		-	Proper disposition of served	f unsafe food, returned fo	od not re-	0	0	2	27	0	0	×		Compliance with variance, sp HACCP plan	pecialized proc	cess, and	0	0	5
	_		-	Goo	vi Retail Practice	s are preventive me	seures to co	atrol	the	intre	viue	tion	of a	atho		, chemicals, and physic	al objects i	into foode			_
				_				600													
				00	T=not in compliance Compl	iance Status	COS=corre		1-site	during						R-repeat (violati Compliance Str			COS	R	WT
2	_	00	_	Louisian		ood and Water			0				UT			Utensils and Equi nfood-contact surfaces clean	pment			_	
2	,	Õ	Wa	er and	d ice from approved s	ource		0	0	2	4	5 (and used	able, propeny	designed,	•	0	1
3	_	00		ance		ed processing methods perature Control		0	0	1	44	-	_			g facilities, installed, maintain	ed, used, test	strips	0	0	1
3		0	Pro		oling methods used; a	adequate equipment for to	emperature	о	0	2	47	_	O N UT	lonfoor	d-con	tact surfaces clean Physical Facilit	liez		0	0	1
3	_				property cooked for t						4	8 (0 H			water available; adequate pr	essure		2		2
3	_		<u> </u>		thawing methods use eters provided and ac			00	0	1	49	0 (o s	evage	and	talled; proper backflow device waste water properly dispose	м		0	0	2
	_	00	-			dentification	in a selable	0		_	5	_	_			s: properly constructed, supp			_	0	1
3	,	0		a prop		container; required record Food Contamination	is available	0	0	1	53					use properly disposed; facilitie ities installed, maintained, an			0	0	1
3	;	0	Inse	cts, ro	dents, and animals n	ot present		0	0	2	54	_	-			ntilation and lighting; designa		d	_	0	1
3	,	0	Cor	tamina	ation prevented during	g food preparation, storag	e & display	0	0	1		0	υт			Administrative i	tems				
3		-			cleanliness			0	0	1	54					nit posted			0	0	0
3	_		-		oths; properly used an fruits and vegetables	d stored		0	0	1	54	6 (<u>o</u> [M	lost re	centi	compliance Sta	tus		O YES	0 NO	WT
4	_	00	_	so i de	Proper I nsils; properly stored	Use of Utensils		0	0	1	5	,	-	omolia	2000	Non-Smokers P with TN Non-Smoker Protect		rt 🛛	x	0	
4	2	0	Uter	nsils, e	equipment and linens;	properly stored, dried, has; properly stored, used	andled	0	0	1	54	8	T	obacc	o pro	ducts offered for sale oducts are sold. NSPA surver			8	0	٥
4	_				ersingle-service article and properly	rs; propeny stored, used			8	1	- 20	9	1	10080	co pri	oducts are sold, NSPA surve	/ compreted		01	0	
																Repeated violation of an identic e. You are required to post the f					
many	er a	nd p	ost th	e most	recent inspection report		You have the rig	ht to re	eques							iling a written request with the C					
<u> </u>		-			_ D	_	04/1			1		7	J	f,	ail	h.N.cfor		C	4/1	.0/2	024
Sigr	atu	re o	f Per	son In	Charge				_	Date	Sig	natu	re of	Enviro	onme	ental Health Specialist			., -		Date
						Additional food safety in	formation can	he fo	und	on ou	rumh	14									
	H-2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class.											-			·		e				

PH-2267 (Rev. 6-15)	Free food safety training class	sses are available each mor	nth at the county health department.	RDA 62
	Please call () 6153405620	to sign-up for a class.	nor of

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Mount Gilead Missionary Baptist Church Establishment Number #: 605302812

Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.

Age-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.

Garage type doors in non-enclosed areas are not completely open.

Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.

Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.

Smoking observed where smoking is prohibited by the Act.

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							

Equipment l'emperature	
Description	Temperature (Fahrenheit)

Food Temperature	State of Food	Temperature (Fahrenheit

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Comments/Other Observations		
D: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 8: 9: 0: 1: 1: 2: 8: 9: 0: 1: 1: 2: 8: 9: 0: 1: 1: 2: 8: 9: 0: 1: 1: 2: 8: 9: 0: 1: 1: 2: 8: 9: 0: 1: 1: 2: 8: 8: 9: 0: 1: 1: 2: 8: 8: 9: 0: 1: 1: 2: 8: 8: 1: 1: 1: 2: 8: 1: 1: 1: 2: 8: 1: 1: 1: 1: 2: 8: 1: 1: 1: 2: 8: 1: 1: 1: 2: 8: 1: 1: 1: 2: 8: 1: 1: 1: 2: 8: 1: 1: 1: 1: 2: 8: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1		
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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.

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Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	

Additional Comments