



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name John F. Kennedy Cafeteria Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 2087 Hobson Pike ☐ Temporary ☐ Seasonal
City Antioch Time in 11:40 AM AM / PM Time out 12:40 PM AM / PM
Inspection Date 04/04/2024 Establishment # 605153158 Embargoed 0
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 240

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

| IN=In compliance OUT=not in compliance NA=not applicable NO=not observed COS=corrected on-site during inspection R=repeat (violation of the same code provision) | | | | | | Compliance Status | | | COS | R | WT |
|--|----|-----|----|----|--|--|--|--|-----|---|----|
| Supervision | | | | | | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | COS | R | WT |
| 1 | IN | OUT | NA | NO | | Person in charge present, demonstrates knowledge, and performs duties | | | | | 5 |
| Employee Health | | | | | | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | | | |
| 2 | IN | OUT | NA | NO | | Management and food employee awareness, reporting | | | | | 5 |
| 3 | IN | OUT | NA | NO | | Proper use of restriction and exclusion | | | | | |
| Good Hygienic Practices | | | | | | Consumer Advisory | | | | | |
| 4 | IN | OUT | NA | NO | | Proper eating, tasting, drinking, or tobacco use | | | | | 5 |
| 5 | IN | OUT | NA | NO | | No discharge from eyes, nose, and mouth | | | | | |
| Preventing Contamination by Hands | | | | | | Highly Susceptible Populations | | | | | |
| 6 | IN | OUT | NA | NO | | Hands clean and properly washed | | | | | 5 |
| 7 | IN | OUT | NA | NO | | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | | | | | |
| 8 | IN | OUT | NA | NO | | Handwashing sinks properly supplied and accessible | | | | | 2 |
| Approved Source | | | | | | Chemicals | | | | | |
| 9 | IN | OUT | NA | NO | | Food obtained from approved source | | | | | 5 |
| 10 | IN | OUT | NA | NO | | Food received at proper temperature | | | | | |
| 11 | IN | OUT | NA | NO | | Food in good condition, safe, and unadulterated | | | | | |
| 12 | IN | OUT | NA | NO | | Required records available: shell stock tags, parasite destruction | | | | | 5 |
| Protection from Contamination | | | | | | Conformance with Approved Procedures | | | | | |
| 13 | IN | OUT | NA | NO | | Food separated and protected | | | | | 4 |
| 14 | IN | OUT | NA | NO | | Food-contact surfaces: cleaned and sanitized | | | | | 5 |
| 15 | IN | OUT | NA | NO | | Proper disposition of unsafe food, returned food not re-served | | | | | 2 |
| 16 | IN | OUT | NA | NO | | Proper cooking time and temperatures | | | | | 5 |
| 17 | IN | OUT | NA | NO | | Proper reheating procedures for hot holding | | | | | |
| 18 | IN | OUT | NA | NO | | Proper cooling time and temperature | | | | | 5 |
| 19 | IN | OUT | NA | NO | | Proper hot holding temperatures | | | | | |
| 20 | IN | OUT | NA | NO | | Proper cold holding temperatures | | | | | |
| 21 | IN | OUT | NA | NO | | Proper date marking and disposition | | | | | |
| 22 | IN | OUT | NA | NO | | Time as a public health control: procedures and records | | | | | |
| 23 | IN | OUT | NA | NO | | Consumer advisory provided for raw and undercooked food | | | | | 4 |
| 24 | IN | OUT | NA | NO | | Pasteurized foods used; prohibited foods not offered | | | | | 5 |
| 25 | IN | OUT | NA | NO | | Food additives: approved and properly used | | | | | 5 |
| 26 | IN | OUT | NA | NO | | Toxic substances properly identified, stored, used | | | | | |
| 27 | IN | OUT | NA | NO | | Compliance with variance, specialized process, and HACCP plan | | | | | 5 |

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

| OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision) | | | | | | Compliance Status | | | COS | R | WT |
|---|-----|--|--|--|--|---|--|--|-----|---|----|
| Safe Food and Water | | | | | | Utensils and Equipment | | | | | |
| 28 | OUT | | | | | Pasteurized eggs used where required | | | | | 1 |
| 29 | OUT | | | | | Water and ice from approved source | | | | | 2 |
| 30 | OUT | | | | | Variance obtained for specialized processing methods | | | | | 1 |
| Food Temperature Control | | | | | | Physical Facilities | | | | | |
| 31 | OUT | | | | | Proper cooling methods used; adequate equipment for temperature control | | | | | 2 |
| 32 | OUT | | | | | Plant food properly cooked for hot holding | | | | | 1 |
| 33 | OUT | | | | | Approved thawing methods used | | | | | 1 |
| 34 | OUT | | | | | Thermometers provided and accurate | | | | | 1 |
| Food Identification | | | | | | Administrative Items | | | | | |
| 35 | OUT | | | | | Food properly labeled; original container; required records available | | | | | 1 |
| Prevention of Food Contamination | | | | | | Compliance Status | | | | | |
| 36 | OUT | | | | | Insects, rodents, and animals not present | | | | | 2 |
| 37 | OUT | | | | | Contamination prevented during food preparation, storage & display | | | | | 1 |
| 38 | OUT | | | | | Personal cleanliness | | | | | 1 |
| 39 | OUT | | | | | Wiping cloths: properly used and stored | | | | | 1 |
| 40 | OUT | | | | | Washing fruits and vegetables | | | | | 1 |
| Proper Use of Utensils | | | | | | Non-Smokers Protection Act | | | | | |
| 41 | OUT | | | | | In-use utensils; properly stored | | | | | 1 |
| 42 | OUT | | | | | Utensils, equipment and linens; properly stored, dried, handled | | | | | 1 |
| 43 | OUT | | | | | Single-use/single-service articles; properly stored, used | | | | | 1 |
| 44 | OUT | | | | | Gloves used properly | | | | | 1 |
| 45 | OUT | | | | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | | | 1 |
| 46 | OUT | | | | | Warewashing facilities; installed, maintained, used, test strips | | | | | 1 |
| 47 | OUT | | | | | Nonfood-contact surfaces clean | | | | | 1 |
| 48 | OUT | | | | | Hot and cold water available; adequate pressure | | | | | 2 |
| 49 | OUT | | | | | Plumbing installed; proper backflow devices | | | | | 2 |
| 50 | OUT | | | | | Sewage and waste water properly disposed | | | | | 2 |
| 51 | OUT | | | | | Toilet facilities: properly constructed, supplied, cleaned | | | | | 1 |
| 52 | OUT | | | | | Garbage/refuse properly disposed; facilities maintained | | | | | 1 |
| 53 | OUT | | | | | Physical facilities installed, maintained, and clean | | | | | 1 |
| 54 | OUT | | | | | Adequate ventilation and lighting; designated areas used | | | | | 1 |
| 55 | OUT | | | | | Current permit posted | | | | | 0 |
| 56 | OUT | | | | | Most recent inspection posted | | | | | 0 |
| 57 | OUT | | | | | Compliance with TN Non-Smoker Protection Act | | | | | 0 |
| 58 | OUT | | | | | Tobacco products offered for sale | | | | | 0 |
| 59 | OUT | | | | | If tobacco products are sold, NSPA survey completed | | | | | 0 |

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. C.A. 4-1-101, 4-1-102, 4-1-103, 4-1-104, 4-1-105, 4-1-106, 4-1-107, 4-1-108, 4-1-109, 4-1-110, 4-1-111, 4-1-112, 4-1-113, 4-1-114, 4-1-115, 4-1-116, 4-1-117, 4-1-118, 4-1-119, 4-1-120, 4-1-121, 4-1-122, 4-1-123, 4-1-124, 4-1-125, 4-1-126, 4-1-127, 4-1-128, 4-1-129, 4-1-130, 4-1-131, 4-1-132, 4-1-133, 4-1-134, 4-1-135, 4-1-136, 4-1-137, 4-1-138, 4-1-139, 4-1-140, 4-1-141, 4-1-142, 4-1-143, 4-1-144, 4-1-145, 4-1-146, 4-1-147, 4-1-148, 4-1-149, 4-1-150, 4-1-151, 4-1-152, 4-1-153, 4-1-154, 4-1-155, 4-1-156, 4-1-157, 4-1-158, 4-1-159, 4-1-160, 4-1-161, 4-1-162, 4-1-163, 4-1-164, 4-1-165, 4-1-166, 4-1-167, 4-1-168, 4-1-169, 4-1-170, 4-1-171, 4-1-172, 4-1-173, 4-1-174, 4-1-175, 4-1-176, 4-1-177, 4-1-178, 4-1-179, 4-1-180, 4-1-181, 4-1-182, 4-1-183, 4-1-184, 4-1-185, 4-1-186, 4-1-187, 4-1-188, 4-1-189, 4-1-190, 4-1-191, 4-1-192, 4-1-193, 4-1-194, 4-1-195, 4-1-196, 4-1-197, 4-1-198, 4-1-199, 4-1-200, 4-1-201, 4-1-202, 4-1-203, 4-1-204, 4-1-205, 4-1-206, 4-1-207, 4-1-208, 4-1-209, 4-1-210, 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**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA**



Establishment Information

Establishment Name: John F. Kennedy Cafeteria

Establishment Number #: 605153158

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 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) |
|--------------------|----------------|-----|---------------------------|
| 3 compartment sink | Quaternary | 200 | |

Equipment Temperature

| Description | Temperature (Fahrenheit) |
|---------------------|---------------------------|
| Hot holding cabinet | 169 |
| Refrigerator | 38 |
| Refrigerator | 38 |
| Hot holding cabinet | 200 |

Food Temperature

| Description | State of Food | Temperature (Fahrenheit) |
|-----------------------------------|---------------|---------------------------|
| Chicken patty on food line | Hot Holding | 138 |
| Chicken patty in food line | Hot Holding | 137 |
| Green beans on food line | Hot Holding | 156 |
| Beef patty on food line | Hot Holding | 177 |
| Corn veggie stew on food line | Hot Holding | 170 |
| Corn veggie stew on food line | Hot Holding | 165 |
| Potatoes on food line | Cold Holding | 160 |
| Chef salad w ham on food line | Cold Holding | 40 |
| Milk in milk cooler | Cold Holding | 40 |
| Cooked potatoes in walk-in cooler | Cold Holding | 40 |

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Establishment Number : 605153158

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: An employee health policy is posted on-site. Staff is aware of reportable symptoms and illnesses.
- 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 employees washing their hands at appropriate times and with correct technique.
- 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 source information.
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: No raw animoa foods
- 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: (NA) No raw animal foods served.
- 17: (IN) All TCS foods are properly reheated for hot holding.
- 18: No TCS food being actively cooled during inspection
- 19: Observed proper hot holding. Temperatures recorded on report.
- 20: Observed proper cold holding temperatures. Temperatures recorded on report.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Observed proper TPHC procedures.
- 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: (NA) 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.

***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: John F. Kennedy Cafeteria

Establishment Number : 605153158

Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

| | |
|-------------------------|-----------|
| Establishment Number #: | 605153158 |
|-------------------------|-----------|

Additional Comments