

Establishment Name

Nashville

Address

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Bruegger's Bagels Remanent O Mobile Type of Establishment 5311 Harding Rd.

O Temporary O Seasonal

Follow-up Required

Time in 01:10 PM AM/PM Time out 01:15: PM AM/PM City 04/04/2024 Establishment # 605217399 Embargoed 0 Inspection Date

∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other О3

Number of Seats 48 O Yes 疑 No

| 115 | ¥=in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observ | | | C |
|-----|--------|-------|------|----|---|--|---|-----|
| _ | | | _ | | Compliance Status | cos | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 氮 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | -MC | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 100 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 級 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | and the second s | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | 1 |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | 黛 | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | X | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| | | | | | Compliance Status | COS | R | WT |
|----|-----|-----|----|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 寒 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | NA | NO | NO Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 243 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | * |
| 22 | 0 | 0 | × | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | 0 | 0 | × | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 2 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | ۰ |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

trol the introduction of pathoge ns, chemicals, and physical objects into foods.

| | | | GOO | | | | |
|--|-----|--|-----|---|----|--|--|
| OUT=not in compliance COS=corrected on-site du | | | | | | | |
| | | Compliance Status | cos | R | WT | | |
| | OUT | Caro reconstruction | | | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 | | |
| 29 | 0 | Water and ice from approved source | 0 | 0 | 2 | | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | 1 | | |
| | OUT | Food Temperature Control | | | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | 2 | | |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | 1 | | |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 | | |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 | | |
| | OUT | Food Identification | | | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | 1 | | |
| | OUT | Prevention of Feed Contamination | | | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | 2 | | |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 | | |
| 38 | 0 | Personal cleanliness | 0 | 0 | 1 | | |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | 1 | | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | 1 | | |
| | OUT | Proper Use of Utensils | | | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | 1 | | |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 | | |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | 1 | | |
| 44 | 0 | Gloves used properly | 0 | 0 | 1 | | |

| pecti | on | R-repeat (violation of the same code provision) | | - | 147 | |
|-------|-----|--|-----|----|-----|--|
| | | Compliance Status | cos | R | W | |
| | OUT | Utensiis and Equipment | | | | |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 | |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 | |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 | |
| | OUT | Physical Facilities | | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | -: | |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | -: | |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | - 3 | |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | _ | |
| 52 | × | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | ٠ | |
| 53 | 3% | Physical facilities installed, maintained, and clean | 0 | 0 | - | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | | |
| | OUT | Administrative Items | Т | | | |
| 55 | 0 | Current permit posted | 0 | 0 | П | |
| 56 | 0 | Most recent inspection posted | 0 | 0 | _ ' | |
| | | Compliance Status | YES | NO | W | |
| | | Non-Smokers Protection Act | | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | 0 | | | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ (| |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | | |

You have the right to request a l (10) days of the date of the

04/04/2024

04/04/2024

Date

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

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 6153405620 Please call (to sign-up for a class.

SCORE

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| h. |
|---------------|
| L |
| |
| |
| L |
| |
| |
| + |
| - |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| (Fahrenhelt) |
| |
| |
| |
| |
| |
| (Fahrenhelt) |
| |
| |
| |
| |
| |
| |
| |
| |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| (Fahrenheit) |
| _ |

| bserved Violations | |
|---|--|
| otal # 2 epeated # 0 | |
| epeated # () | |
| 2: | |
| 3: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| "See page at the end of this document for any violations that could not be displayed in this space. | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Name: Bruegger's Bagels | | | | |
|--|--|--|--|--|
| Establishment Number: 605217399 | | | | |
| | | | | |
| Comments/Other Observations | | | | |
| | | | | |
| 1: | | | | |
| 2: | | | | |
| 3: | | | | |
| 4: | | | | |
| 5: | | | | |
| 6: | | | | |
| 7: | | | | |
| 8: | | | | |
| 9: | | | | |
| 10: | | | | |
| 11: | | | | |
| 12: | | | | |
| 13: | | | | |
| 14: | | | | |
| 15: | | | | |
| 16 : | | | | |
| 1 7: | | | | |
| 18: | | | | |
| 19: | | | | |
| 20: | | | | |
| 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: 58: | | | | |
| [22: | | | | |
| [23: | | | | |
| [24: | | | | |
| [25: | | | | |
| [26: | | | | |
| [27: | | | | |
| 57: | | | | |
| 58: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| See last | page for additional comments. |
|----------|-------------------------------|
| | |

Additional Comments

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: Bruegger's Bagels | | |
|--|--|--|
| Establishment Number: 605217399 | | |
| | | |
| Comments/Other Observations (cont'd) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Additional Comments (cont'd) | | |
| See last page for additional comments. | | |
| See last page for additional comments. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Establishment Information

| Establishment Information | | | | | | | |
|---------------------------------------|---------|--|--|--|--|--|--|
| Establishment Name: Bruegger's Bagels | | | | | | | |
| Establishment Number #: 605217399 | | | | | | | |
| | | | | | | | |
| Sources | | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Additional Comments | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |