



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name The Goat Mt. Juliet Auxilary Type of Establishment ☒ Farmer's Market Food Unit
☒ Permanent ☐ Mobile
Address 1127 Westwood Blvd
☐ Temporary ☐ Seasonal
City Mount Juliet Time in 02:25 PM AM / PM Time out 02:36 PM AM / PM
Inspection Date 04/25/2024 Establishment # 605249952 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 0

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | IN | OUT | NA | NO | Person in charge present, demonstrates knowledge, and performs duties | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| Employee Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | IN | OUT | NA | NO | Management and food employee awareness, reporting | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 3 | IN | OUT | NA | NO | Proper use of restriction and exclusion | | | | | O | | | | | O | | | | | | | | | | | | | | |
| Good Hygienic Practices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | IN | OUT | NA | NO | Proper eating, tasting, drinking, or tobacco use | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 5 | IN | OUT | NA | NO | No discharge from eyes, nose, and mouth | | | | | O | | | | | O | | | | | | | | | | | | | | |
| Preventing Contamination by Hands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | IN | OUT | NA | NO | Hands clean and properly washed | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 7 | IN | OUT | NA | NO | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 8 | IN | OUT | NA | NO | Handwashing sinks properly supplied and accessible | | | | | O | | | | | O | | | | | 2 | | | | | | | | | |
| Approved Source | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | IN | OUT | NA | NO | Food obtained from approved source | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 10 | IN | OUT | NA | NO | Food received at proper temperature | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 11 | IN | OUT | NA | NO | Food in good condition, safe, and unadulterated | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 12 | IN | OUT | NA | NO | Required records available: shell stock tags, parasite destruction | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| Protection from Contamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | IN | OUT | NA | NO | Food separated and protected | | | | | O | | | | | O | | | | | 4 | | | | | | | | | |
| 14 | IN | OUT | NA | NO | Food-contact surfaces: cleaned and sanitized | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 15 | IN | OUT | NA | NO | Proper disposition of unsafe food, returned food not re-served | | | | | O | | | | | O | | | | | 2 | | | | | | | | | |
| Compliance Status | | | | | | | | | | COS | | | | | R | | | | | | | | | | WT | | | | |
| Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | IN | OUT | NA | NO | Proper cooking time and temperatures | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 17 | IN | OUT | NA | NO | Proper reheating procedures for hot holding | | | | | O | | | | | O | | | | | | | | | | | | | | |
| Cooling and Holding, Date Marking, and Time as a Public Health Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | IN | OUT | NA | NO | Proper cooling time and temperature | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 19 | IN | OUT | NA | NO | Proper hot holding temperatures | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 20 | IN | OUT | NA | NO | Proper cold holding temperatures | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 21 | IN | OUT | NA | NO | Proper date marking and disposition | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 22 | IN | OUT | NA | NO | Time as a public health control: procedures and records | | | | | O | | | | | O | | | | | | | | | | | | | | |
| Consumer Advisory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | IN | OUT | NA | NO | Consumer advisory provided for raw and undercooked food | | | | | O | | | | | O | | | | | 4 | | | | | | | | | |
| Highly Susceptible Populations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | IN | OUT | NA | NO | Pasteurized foods used; prohibited foods not offered | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| Chemicals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | IN | OUT | NA | NO | Food additives: approved and properly used | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 26 | IN | OUT | NA | NO | Toxic substances properly identified, stored, used | | | | | O | | | | | O | | | | | | | | | | | | | | |
| Conformance with Approved Procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | IN | OUT | NA | NO | Compliance with variance, specialized process, and HACCP plan | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| Compliance Status | | | | | | | | | | COS | | | | | R | | | | | | | | | | WT | | | | |
| Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | IN | OUT | NA | NO | Proper cooking time and temperatures | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 17 | IN | OUT | NA | NO | Proper reheating procedures for hot holding | | | | | O | | | | | O | | | | | | | | | | | | | | |
| Cooling and Holding, Date Marking, and Time as a Public Health Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | IN | OUT | NA | NO | Proper cooling time and temperature | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 19 | IN | OUT | NA | NO | Proper hot holding temperatures | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 20 | IN | OUT | NA | NO | Proper cold holding temperatures | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 21 | IN | OUT | NA | NO | Proper date marking and disposition | | | | | O | | | | | O | | | | | | | | | | | | | | |
| 22 | IN | OUT | NA | NO | Time as a public health control: procedures and records | | | | | O | | | | | O | | | | | | | | | | | | | | |
| Consumer Advisory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | IN | OUT | NA | NO | Consumer advisory provided for raw and undercooked food | | | | | O | | | | | O | | | | | 4 | | | | | | | | | |
| Highly Susceptible Populations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | IN | OUT | NA | NO | Pasteurized foods used; prohibited foods not offered | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| Chemicals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | IN | OUT | NA | NO | Food additives: approved and properly used | | | | | O | | | | | O | | | | | 5 | | | | | | | | | |
| 26 | IN | OUT | NA | NO | Toxic substances properly identified, stored, used | | | | | O | | | | | O | | | | | | | | | | | | | | |
| Conformance with Approved Procedures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | IN | OUT | NA | NO | Compliance with variance, specialized process, and HACCP plan | | | | | O | | | | | O | | | | | 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 | Compliance Status | | | | | COS | R | WT |
| | OUT | Safe Food and Water | | | | | | | OUT | Utensils and Equipment | | | | | |
| 28 | <input type="radio"/> | Pasteurized eggs used where required | | | <input type="radio"/> | <input type="radio"/> | 1 | 45 | <input type="radio"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | <input type="radio"/> | <input type="radio"/> | 1 |
| 29 | <input type="radio"/> | Water and ice from approved source | | | <input type="radio"/> | <input type="radio"/> | 2 | 46 | <input type="radio"/> | Warewashing facilities, installed, maintained, used, test strips | | | <input type="radio"/> | <input type="radio"/> | 1 |
| 30 | <input type="radio"/> | Variance obtained for specialized processing methods | | | <input type="radio"/> | <input type="radio"/> | 1 | 47 | <input type="radio"/> | Nonfood-contact surfaces clean | | | <input type="radio"/> | <input type="radio"/> | 1 |
| | OUT | Food Temperature Control | | | | | | | OUT | Physical Facilities | | | | | |
| 31 | <input type="radio"/> | Proper cooling methods used; adequate equipment for temperature control | | | <input type="radio"/> | <input type="radio"/> | 2 | 48 | <input type="radio"/> | Hot and cold water available; adequate pressure | | | <input type="radio"/> | <input type="radio"/> | 2 |
| 32 | <input type="radio"/> | Plant food properly cooked for hot holding | | | <input type="radio"/> | <input type="radio"/> | 1 | 49 | <input type="radio"/> | Plumbing installed; proper backflow devices | | | <input type="radio"/> | <input type="radio"/> | 2 |
| 33 | <input type="radio"/> | Approved thawing methods used | | | <input type="radio"/> | <input type="radio"/> | 1 | 50 | <input type="radio"/> | Sewage and waste water properly disposed | | | <input type="radio"/> | <input type="radio"/> | 2 |
| 34 | <input type="radio"/> | Thermometers provided and accurate | | | <input type="radio"/> | <input type="radio"/> | 1 | 51 | <input type="radio"/> | Toilet facilities: properly constructed, supplied, cleaned | | | <input type="radio"/> | <input type="radio"/> | 1 |
| | OUT | Food Identification | | | | | | 52 | <input type="radio"/> | Garbage/refuse properly disposed; facilities maintained | | | <input type="radio"/> | <input type="radio"/> | 1 |
| 35 | <input type="radio"/> | Food properly labeled; original container; required records available | | | <input type="radio"/> | <input type="radio"/> | 1 | 53 | <input type="radio"/> | Physical facilities installed, maintained, and clean | | | <input type="radio"/> | <input type="radio"/> | 1 |
| | OUT | Prevention of Food Contamination | | | | | | 54 | <input type="radio"/> | Adequate ventilation and lighting; designated areas used | | | <input type="radio"/> | <input type="radio"/> | 1 |
| 36 | <input type="radio"/> | Insects, rodents, and animals not present | | | <input type="radio"/> | <input type="radio"/> | 2 | | OUT | Administrative Items | | | | | |
| 37 | <input type="radio"/> | Contamination prevented during food preparation, storage & display | | | <input type="radio"/> | <input type="radio"/> | 1 | 55 | <input type="radio"/> | Current permit posted | | | <input type="radio"/> | <input type="radio"/> | 0 |
| 38 | <input type="radio"/> | Personal cleanliness | | | <input type="radio"/> | <input type="radio"/> | 1 | 56 | <input type="radio"/> | Most recent inspection posted | | | <input type="radio"/> | <input type="radio"/> | |
| 39 | <input checked="" type="radio"/> | Wiping cloths: properly used and stored | | | <input type="radio"/> | <input type="radio"/> | 1 | | Compliance Status | | | YES | NO | WT | |
| 40 | <input type="radio"/> | Washing fruits and vegetables | | | <input type="radio"/> | <input type="radio"/> | 1 | | | Non-Smokers Protection Act | | | | | |
| | OUT | Proper Use of Utensils | | | | | | 57 | | Compliance with TN Non-Smoker Protection Act | | | <input checked="" type="radio"/> | <input type="radio"/> | |
| 41 | <input type="radio"/> | In-use utensils; properly stored | | | <input type="radio"/> | <input type="radio"/> | 1 | 58 | | Tobacco products offered for sale | | | <input type="radio"/> | <input type="radio"/> | 0 |
| 42 | <input type="radio"/> | Utensils, equipment and linens; properly stored, dried, handled | | | <input type="radio"/> | <input type="radio"/> | 1 | 59 | | If tobacco products are sold, NSPA survey completed | | | <input type="radio"/> | <input type="radio"/> | |
| 43 | <input type="radio"/> | Single-use/single-service articles; properly stored, used | | | <input type="radio"/> | <input type="radio"/> | 1 | | | | | | | | |
| 44 | <input type="radio"/> | Gloves used properly | | | <input type="radio"/> | <input type="radio"/> | 1 | | | | | | | | |

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. T.C. Sections 14-7-73, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 04/25/2024 Signature of Environmental Health Specialist [Signature] Date 04/25/2024

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

**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA**



Establishment Information

Establishment Name: The Goat Mt. Juliet Auxilary

Establishment Number #: 605249952

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) |
|--------------|----------------|-----|---------------------------|
| | | | |

Equipment Temperature

| Description | Temperature (Fahrenheit) |
|-------------|---------------------------|
| | |

Food Temperature

| Description | State of Food | Temperature (Fahrenheit) |
|-------------|---------------|---------------------------|
| | | |

Observed Violations

Total # 1

Repeated # 0

39:

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: The Goat Mt. Juliet Auxiliary

Establishment Number : 605249952

Comments/Other Observations

1:
2:
3:
4:
5:
6:
7:
8: Item corrected. Soap and paper towels at both hand sinks in bar area.
9:
10:
11:
12:
13:
14:
15:
16:
17:
18:
19:
20:
21:
22:
23:
24:
25:
26:
27:
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: The Goat Mt. Juliet Auxiliary

Establishment Number : 605249952

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

Establishment Information

Establishment Name: The Goat Mt. Juliet Auxilary

Establishment Number #: 605249952

Sources

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

Additional Comments

See routine inspection for comments