

Address

Risk Category

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Follow-up Required

SCORE

O Farmer's Market Food Unit CHICAGO STYLE GYRO #7 Remanent O Mobile Establishment Name Type of Establishment 901 RIVERGATE PKWY O Temporary O Seasonal Goodlettsville Time in 02:30 PM AM / PM Time out 02:35: PM AM / PM 04/11/2024 Establishment # 605254207 Embargoed 0 Inspection Date ∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

Number of Seats 42

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

О3

IN+in compliance OUT+not in compliance NA+not applicable NO+not observed CC								
	Compliance Status							WT
	IN	OUT	NA	NO	Supervision			
1	Ħ	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	TXC	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	*	0		0	No discharge from eyes, nose, and mouth	0	0	
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	100	0		0	Hands clean and properly washed	0	0	
7	왮	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			
9	嵩	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			ood in good condition, safe, and unadulterated		0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	Ŕ	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re-	0	0	2

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	X	0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	300	0	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	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		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	X		Food additives: approved and properly used	0	0	5
26	菜	0			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

O Yes 疑 No

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

			GOO			
		OUT=not in compliance COS=corr				
		Compliance Status	cos	R	W	
	OUT				_	
28	0	Pasteurized eggs used where required	0	0	1	
29	0		0	0	_;	
30	0	Variance obtained for specialized processing methods	0	0	'	
	OUT	Food Temperature Control				
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	:	
32	0	Plant food properly cooked for hot holding	0	0	Г	
33	0	Approved thawing methods used	0	0	1	
34	X	Thermometers provided and accurate	0	0	r	
	OUT	UT Food Identification				
35	0	Food properly labeled; original container; required records available	0	0		
	OUT	T Prevention of Feed Contamination				
36	0	Insects, rodents, and animals not present	0	0	:	
37	338	Contamination prevented during food preparation, storage & display	0	0	1	
38	0	Personal cleanliness	0	0	Г	
39	0	Wiping cloths; properly used and stored	0	0	_	
40	0	Washing fruits and vegetables	0	0	Г	
	OUT	Proper Use of Utensils				
41	0	In-use utensils; properly stored	0	0	г	
42	100	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г	
43	0		0	0	Т	
		Gloves used properly	0	0	-	

pect	on	R-repeat (violation of the same code provision)		-	140
		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	黨	Nonfood-contact surfaces clean	0	0	
	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	- :
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	
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	- 3%	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 ten (10) days of the date of the

Date

04/11/2024

04/11/2024

Signature of Person In Charge

PH-2267 (Rev. 6-15)

\*\*\*\* 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. ) 6153405620 Please call ( to sign-up for a class.

Date

RDA 629

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



Establishment Information								
Establishment Name: CHICAGO STYLE GYRO #7								
Establishment Number #:  605254207								
MCDA Common To be commissed if	#F7 := #M=#							
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		facilities at all times to ne	rsons who are					
twenty-one (21) years of age or older.								
Age-restricted venue does not require each per	rson attempting to gain entry	to submit acceptable form	of identification.					
"No Smoking" signs or the international "Non-S	moking" symbol are not cons	picuously posted at every	entrance.					
Garage type doors in non-enclosed areas are n	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 in	nto areas where smoking is p	rohibited.						
Smoking observed where smoking is prohibited	by the Act.							
Warewashing Info	A continue Torre							
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	irenheit)				
	l .							
Equipment Temperature								
Description			Temperature ( Fah	renhelt)				
-			•					
Food Temperature			1					
Description		State of Food	Temperature ( Fah	renheit)				

Observed Violations	
Total # 5 Repeated # 0	
Repeated # O	
34:	
34: 37: 42: 47:	
<b>1</b> 2:	
<del>1</del> 7:	
53:	
ITTO as name at the and of this document for any violations that could not be displayed in this space.	

<sup>&#</sup>x27;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



stablishment Name: CHICAGO STYLE GYRO #7 stablishment Number: 605254207  comments/Other Observations	
comments/Other Observations	
*See page at the end of this document for any violations that could not be displayed in this space.	

Additional Co.	mments			
See last pa	age for add	itional com	ments.	

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: CHICAGO STYLE GYRO #7 Establishment Number: 605254207							
						Comments/Other Observations (cont'd)	
Additional Comments (cont'd)							
See last page for additional comments.							

Establishment Information

Establishment Name: CHICAGO STYLE GYRO #7						
Establishment Number # 605254207						
Sources						
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Additional Comments						

Establishment Information