TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

No. of Concession, No.										$\overline{}$									
Establishment Name		Station Grill Bar					Tvr	w of l	Establi	ishme	Farmer's Market Food Unit @ Permanent O Mobile	110							
Address		1602 W. Northfield Blvd.					Coldon	General N	O Temporary O Seasona	, - ~			/						
City				Murfreesboro Time in 02:40 PM AM / PM Time out 02:54: PM AM / PM															
Inspection Date 03/26/2024 Esta					4 Establishment #						argoe								
Purpos	e of I	nspec		Routine	O Follow-up	O Complaint			O Pr					Cor	nsuitation/Other				_
Risk Ca	ntego	ny .		261	02	03			04				Fo	low-	up Required O Yes 🕅 N	o Number of S	ieats	0	
		lisk	Fact	ors are food prep ontributing facto	aration practices a rs in foodborne illn	nd employee ess outbreak	beha s. P	vior ublic	s mo c Hea	st c ilth	omn Inte	nonh rven	repo tions	are	to the Centers for Disease control measures to prevent	Control and Preven			
					FOODBORN	E ILLNESS RI	SK F	ACT	ors	AND	PU	BLIC	HEA	ЦТН	INTERVENTIONS				
Main	(Mark designated compliance status (IN, OUT, NA, NO) for each sumbered 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)																		
104-101	comp	ance	_		iance Status	NO-not observe	cos	R		Ē	riecie	a on-s	she dun	ng ins	Compliance Status		COS R WT		WT
	our	-	NO	Person in charge or	Supervision esent, demonstrates kno	autodae and					IN	ουτ	NA	NO	Cooking and Roheating of 1 Control For Safety (1				
1 📓			NO	performs duties	Employee Health	owieuge, and	0	0	5	16	0	0	X		Proper cooking time and temperate Proper reheating procedures for he	ures	0	श	5
2 💥	0		INO		od employee awarenes	s; reporting		0		٣			NA		Cooling and Holding, Date Ma		-	-	
3 💢	-	-	NO	Proper use of restric			0	0	°						a Public Health (
4 12	0	T NA	0	Proper eating, tastin	g. drinking, or tobacco u		0	0	5	19		0	0		Proper cooling time and temperatu Proper hot holding temperatures	re	0	0	
	OU	T NA	0 NO		yes, nose, and mouth g Contamination by	Hands	0	0	-		0		8	X	Proper cold holding temperatures Proper date marking and dispositio	n	00	00	5
6 度	_	—	_	Hands clean and pro	perly washed ct with ready-to-eat food	is or approved	0	0	5	22	0	0	×	0	Time as a public health control: pro	cedures and records	0	0	
7 版			0	alternate procedures			0	0	2		_	_	NA	NO	Consumer Adv Consumer advisory provided for ra			<u> </u>	
9 🚊	00	T NA	NO		Approved Source	0000000			_	23	O IN	0	NA	10	food Highly Susceptible P		0	0	4
10 O	0	0		Food received at pro	per temperature		0	0		24	_	0	22	neo	Pasteurized foods used; prohibited		0	0	5
11 🚊 12 O	_		0	Required records av	on, safe, and unadulter ailable: shell stock tags		0	0	5	F	-	_	NA	NO	Chemicals		-	-1	-
IN	out	T NA	NO	destruction Protect	ion from Contaminat	tion			_	25	0	0	x		Food additives: approved and prop		0	ा	5
13 <u>実</u> 14 <u>実</u>	0	8	-	Food separated and Food-contact surface	protected es: cleaned and sanitize	d	00	0		26	1 N		NA	NO	Toxic substances properly identifie Conformance with Appro		0	0	Ĵ
15 💢	-	1			f unsafe food, returned			0		27	0				Compliance with variance, special HACCP plan		0	0	5
		-	-							-	-	_							\dashv
			God	d Retail Practice	s are preventive m	easures to co						_		geni	, chemicals, and physical of	jects into foods.			
			OU	T=not in compliance		COS=corre	cted o	n-site					3			he same code provision)			
	00			Safe Fe	iance Status ood and Water		COS				0	UT			Compliance Status Utensils and Equipment	đ	cos	R	WT
28	8	Pas Wat	teurize er and	ed eggs used where r lice from approved s	equired ource		0	0	2	4	5				nfood-contact surfaces cleanable, p and used	roperly designed,	0	0	1
30	0		ance		ed processing methods perature Control		0	0	1	4	6	o v	Varew	ashin	g facilities, installed, maintained, us	ed, test strips	0	0	1
31	0	Prop		oling methods used; a	adequate equipment for	temperature	0	0	2	4	_	0 N	Vonfoo	d-cor	tact surfaces clean		0	0	1
32		Plar	nt food	properly cooked for I			0	0	1	_	8 (0 1			Physical Facilities water available; adequate pressure	0	0	0	2
33 34				thawing methods use eters provided and ac			0	0	1						stalled; proper backflow devices waste water properly disposed		0	0	2
	ou				dentification			_		5	<u>a (</u>	0			es: properly constructed, supplied, o	leaned	0	0	1
35	0		d prop		container; required reco		0	0	1			_	-		use properly disposed; facilities mai		0	0	1
36	0	-	cts, ro	dents, and animals n	Food Contamination ot present		0	0	2	-	_	-			lities installed, maintained, and clea Intilation and lighting; designated an		0	0	1
37	0	Con	tamin	ation prevented durin	g food preparation, stor	age & display	0	0	1	F		UT			Administrative items		_	_	
38	-			leanliness			0	0	1	5					nit posted		0	ा	_
39 40				ths; properly used an ruits and vegetables	d stored		0	0		5	6 (0 1	Aost re	cent	inspection posted Compliance Status		O YES	0 NO	wT
	OU	г		Proper	Use of Utensils					Þ,	-				Non-Smokers Protec				
41 42	0	Uter	nsils, e		properly stored, dried,		0	0	1	5	7		obacc	o pro	with TN Non-Smoker Protection Ac ducts offered for sale		× 0	0	0
43 44				a/single-service article ed properly	es; properly stored, use	d		8		5	9	1	tobac	co pr	oducts are sold, NSPA survey com	pleted	0	0	
service manner	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.A. (20) on (8-14-70), (8-14-710), (8-14-711), (8-14-710), (8-14-711), (8-14-710), (8-14-711), (8-14-710), (8-14-711)																		
1		V	//	X F	Jest Contraction of the second	03/2	26/2	024	1					/		()3/2	6/2	024
Signat	ure o	f Pen	son In	Charge				-	Date	Si	gnatu	ire of	Envir	onme	ental Health Specialist				Date
**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****																			
PH-226	PH-2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department. Please call () 6158987889 to sign-up for a class.																		

PH-2267 (Rev. 6-15)	Free food safety training clas	RDA		
rivezor (new. o-ro)	Please call () 6158987889	to sign-up for a class.	1040

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Station Grill Bar Establishment Number #: 605307245

Warewashing Info											
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)								
3 comp set up	Quat	200									

Equipment Temperature								
Description	Temperature (Fahrenheit)							
	· · · · · · · · · · · · · · · · · · ·							

esoription	State of Food	Temperature (Fahrenheit)		

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Station Grill Bar

Establishment Number: 605307245

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Pic has knowledge.
- 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: No tasks performed requiring it but discussed good hand washing practices.

7: No tasks performed requiring them but discussed examples of scenarious where they would be required.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use. 9: See Source

- 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: (IN) All raw animal food is separated and protected as required.
- 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: (NA) No TCS foods reheated for hot holding.
- 18: Observed no tcs foods in cooling process during inspection
- 19: (NO) TCS food is not being held hot during inspection.
- 20: No tcs foods held during inspection.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 22: (NA) No food held under time as a public health control.
- 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.

Establishment Information

Establishment Name: Station Grill Bar

Establishment Number: 605307245

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Station Grill Bar Establishment Number # 605307245

Sources								
Source Type:	Food	Source:	Us foods					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						

Additional Comments