TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

S.	100	7.14	C. C.																
Establishment Name			ıt Nar		Jersey Oven					Type of Establishment Wermanent O Mobile									
Address					300 Pleasant Grove Rd., STE 460						Establi	snme	O Temporary O Seasonal						
City					Mount Juliet Time in 11:24 AM AM / PM Time out 12:27 PM AM / PM														
				03/21/202	2		_				_	d 0		110 04					
Inspection Date 03/21/2022 Establishment # 605300					<u> </u>		- ' O Pre						nsultation/Other						
					Routine	O Follow-up	O Complaint				imin	ary						16	
Risi	k Ca	tegor			O1 ors are food prep	aration practices a	O3 and employee	beha		04	st ce	omin	nonh			up Required O Yes 🗱 No Number of to the Centers for Disease Control and Prever		10	
						rs in foodborne illi	ess outbreak	6. P	ublic	: Hea	ith I	inte	rven	tions	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 subcatego									egory.	,									
IN=in compliance OUT=not in compliance NA=not applicable NO=not observed																			
	IN	OUT	NA	NO	Comp	Supervision		cos	COS R WT Compliance Status Cooking and Repeting of							Compliance Status Cooking and Reheating of Time/Temperature	cos	R	WT
1	展	0				esent, demonstrates kn	owledge, and	0	0	5		IN		NA		Control For Safety (TCS) Foods		_	
-	IN	OUT	NA	NO	performs duties	Employee Health		-		-		00	0	0		Proper cooking time and temperatures Proper reheating procedures for hot holding	0	00	5
	Ř					od employee awarenes	ss; reporting	0		5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Time as			
3	× N		NA	NO	Proper use of restric	tion and exclusion d Hygienic Practices		0	0	_	18	0	0	0	<u>×3</u>	Public Health Control Proper cooling time and temperature	0		
4	X	0		0	Proper eating, tastin	g. drinking, or tobacco		0		5	19	0	0	窝	õ	Proper hot holding temperatures	0	0	
	IN		NA	NO	Preventin	yes, nose, and mouth g Contamination by	Hands	0				24 24	ô	8		Proper cold holding temperatures Proper date marking and disposition		8	5
	<u>×</u>	0	-	0	Hands clean and pro No bare hand contain	operly washed ct with ready-to-eat foo	ds or approved	_	0	5	22	0	0	×	0	Time as a public health control: procedures and records	0	0	
7	区区	0		0	alternate procedures			0	0	2		IN	OUT		NO	Consumer Advisory Consumer advisory provided for raw and undercooked		_	
	IN	OUT	NA			Approved Source				_	23		0	0	NO	food	0	0	4
10	高の	0	0	2	Food obtained from Food received at pro	oper temperature		0			24	IN O	OUT	NA	-	Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered	0	0	6
	<u>×</u>		22	_		ion, safe, and unadulte ailable: shell stock tag		0	0	5	-	IN	OUT	_			-	~	~
12	O	O		O NO	destruction	tion from Contamina		0	0	_	25	0	001			Chemicals Food additives: approved and properly used	0	0	
13	X	0	0		Food separated and	protected			2		26	嵗	0		<u> </u>	Toxic substances properly identified, stored, used	0	ŏ	5
-	0 篇		X			es: cleaned and sanitiz f unsafe food, returned		0	0	5	27	_	001	NA	NO	Confermance with Approved Procedures Compliance with variance, specialized process, and	0	0	
15	~	•			served			<u> </u>	U	-	21	•	<u> </u>	~		HACCP plan	<u> </u>	~	0
				Goo	d Retail Practice	s are preventive n	easures to co	ntro	l the	intro	oduc	tion	of p	atho	gens	s, chemicals, and physical objects into foods.			
										₹Æ				5					
				00		iance Status	COS=corre		R		Inspe					R-repeat (violation of the same code provision) Compliance Status	C08	R	WT
2	8	OUT		eurize	Safe Fo d eggs used where r	ood and Water		0	0	1	4		UT F	ood ar	nd no	Utensils and Equipment infood-contact surfaces cleanable, properly designed,			
	9	0	Wate	er and	lice from approved s			0	0	2	\vdash	+				and used	•	0	1
		OUT		11000		perature Control	,			_	4		_			g facilities, installed, maintained, used, test strips	0	0	1
3	и	0	Prop		oling methods used; a	adequate equipment fo	r temperature	0	0	2	4	_	O N UT	lonfoo	d-con	ntact surfaces clean Physical Facilities	0	0	1
_	2				properly cooked for			0	<u> </u>	1	4	_	_			f water available; adequate pressure	0	-	2
	3 4		<u> </u>		thawing methods use eters provided and ac			0	8	1	49	_	_			stalled; proper backflow devices	0	0	2
	-	OUT				Identification		Ŭ		· ·	5		-			es: properly constructed, supplied, cleaned	_	ŏ	1
3	5	×	Food	i prop	erly labeled; original	container; required rec	ords available	0	0	1	5	2	0	Sarbag	e/refu	use properly disposed; facilities maintained	0	0	1
		OUT			Prevention of	Food Contaminatio	n				5	_	o F	hysica	al faci	lities installed, maintained, and clean	0	•	1
3	6	0	Inse	cts, ro	dents, and animals n	ot present		0	0	2	5	4 (0 /^	vdequa	ste ve	entilation and lighting; designated areas used	0	0	1
3	7	0	Cont	tamina	ation prevented durin	g food preparation, sto	rage & display	0	0	1		0	UT			Administrative Items			
	8 9				leanliness ths: properly used ar	vi stored		0	0	1	5	_				nit posted inspection posted	0		0
_	0				ruits and vegetables	NI DIVICU			ŏ		۴	• I ·	<u> </u>	105616	COLUC	Compliance Status	YES		WT
		OUT				Use of Utensils										Non-Smokers Protection Act		_	
_	1				nsils; properly stored		handlad	8	8	1	5					with TN Non-Smoker Protection Act ducts offered for sale	8		~
	3					; properly stored, dried, es; properly stored, use			ŏ		5	9				oducts are sold, NSPA survey completed	ŏ		
4	4	0	Glov	es us	ed properly			0	0	1									
																Repeated violation of an identical risk factor may result in revo e. You are required to post the food service establishment perm			
man	ner a	nd po	st the	most	recent inspection repor	t in a conspicuous manne	r. You have the rig	ht to r	eques							fling a written request with the Commissioner within ten (10) day			
report. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-715						-	(I a lat						Latt						
Signature of Person In Charge					21/2	_		_	À		1	10		03/2	21/2				
Sig	natu	re of	Pers	ion In						Date	Sig	natu	ire of			ental Health Specialist			Date
						Additional food safety	r information can	be fo	und a	on ou	r web	osite,	http	c//tn.g	jow/h	ealth/article/eh-foodservice			

PH-2267 (Rev. 6-15)	Free food safety training ck	RDA 62		
1172201 (1007. 0-10)	Please call () 6154445325	to sign-up for a class.	

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Jersey Oven Establishment Number #: 605300913

ISPA Survey – To be completed if #57 is "No"	
ope-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are wenty-one (21) years of age or older.	
ge-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.	
Sarage type doors in non-enclosed areas are not completely open.	
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					

Equipment Temperature						
Description	Temperature (Fahrenheit)					
Reach in cooler(ric) front	36					
Ric sandwich	34					
Ric meat	35					
Walk in cooler (wic)	36					

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Corned beef	Cold Holding	39				
Salmon cream cheese	Cold Holding	38				
Sliced pork roll	Cold Holding	41				
Sausage	Cold Holding	41				
Veggie cream cheese wic	Cold Holding	37				

Observed Violations	
Total #	
Repeated # ()	

35: Squeeze bottles of oil and vinager not labeled

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Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): An employee health policy is available.

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: Employee washed hands before putting on gloves

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 info

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: (NO) No raw animal foods cooked during inspection.

17: (NA) No TCS foods reheated for hot holding.

18: (N.O.) No cooling of TCS foods during inspection.

19: (NA) Establishment does not hot hold TCS foods.

20: See food temps

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.

22: (NA) No food held under time as a public health control.

23: Statement on menu

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: (NÁ) 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: Jersey Oven

Establishment Number: 605300913

Comments/Other Observations (cont'd)

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

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Sources Source Type: Water Source: City Source Type: Food Source: PFG, Boars Head, Walmart Source Type: Source: Source Type: Source: Source: Source Type: Additional Comments

3 comp sink not setup