TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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FOOD SERVICE ESTA					ABL	151	1 MI	ENI		N31	PEG						_									
· 1744 · 200					Authoritic Coffee Co												O Fermer's Market Food Unit	1 (ſ	١					
Establishment Name				ne ,	Authentic Coffee Co. Type of Establishment O Mobile]		J							
Address					16	1650 Hwy 31W O Temporary O Seasonal																				
City				(Go	Goodlettsville Time in 09:50 AM AM / PM Time out 10:20: AM AM / PM																				
Inspe	ctio	n Da	te	i	03	3/13	3/20	02	4	Estab	slishmer	_{nt m} 6		_				_								
Purpo					03/13/2024 Establishment # 605225785 Embargoed 0 © Follow-up © Complaint © Preliminary © Consultation/Other																					
							,				.αp			•			-	<i>w</i> , <i>y</i>					Number of C		34	
Risk Category 21 02 03 04 Follow-up Required O Yes 2 No Number of Seats 34 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 (IH, OUT, NA, NO) for each numbered liem. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)																									
IN	n co	mpīi					1 compi	liance	e N	lA=not	t applicat		NO=not obser	ved		C						spection R=repeat (violation of the	same code provisio	n)		
			NA	110	_		Co	mpi	_	e Sta				cos	R	WT			_			Compliance Status Cooking and Reheating of Time/Te		cos	R	WT
-	-	-	NA	NO	Per	rson in	charoe	e pre		demo		es knov	viedge, and					IN	001	NA	NO	Control For Safety (TCS) Fo				
	- L	<u> </u>	NA	100		forms					Healt			0	0	5	16 17	e				Proper cooking time and temperatures Proper reheating procedures for hot holding		8	읽	5
2	X.	0	nen		Ma	nagerr	ent an	_					reporting	0	0		ľ	IN	001		NO	Cooling and Holding, Date Marking,		-	-	
		0			Pro	per us					clusion			0	0	5						a Public Health Control			- 1	
4 2		0	NA		Pro	per ea					or toba		0	0	0		18		-	8		Proper cooling time and temperature Proper hot holding temperatures		0	읭	
5 2	X	0		0		discha	irge fro	om e	ryes, r	nose,	and mo	outh		Ō	Ō	5		23	0	0		Proper cold holding temperatures		0	8	5
		0	NA		Ha		an and				hed	n by H	angs	0	0		21) 0	0	0))))		Proper date marking and disposition Time as a public health control: procedure	e and month	0	0	
7 1	ĸ	0	0	0			and co proced				ly-to-ea	t foods	or approved	0	0	5	–	IN	-	NA	-		s and records	~	<u> </u>	_
8 2	K,	<u>_</u>	NA					inks p	prope	rfy su	pplied a		essible	0	0	2	23	0	0	12		Consumer advisory provided for raw and	undercooked	0	0	4
9 8	ĸ	0	_				ined fr	rom a	appro	wed s				0	0			IN	OUT		NO	food Highly Susceptible Populat	ions	_	_	
10 (11)	9	8	0	\approx	Fo	od rece	eived a	it pro	per te	emper efe ar	rature nd unad	Sulterat	ad	8	0	5	24	0	0	88		Pasteurized foods used; prohibited foods r	not offered	0	0	5
	_	ŏ	82	0	Re	quired	record						parasite	ō	6			IN	007	NA	NO	Chemicals				
h				NO		structio	Prot				Contan	minatio	on					0	0	2%		Food additives: approved and properly us	ed	0	0	5
13) 14)		읡	읭		<u> </u>		arated tact su				d and sa	anitized			00	4	26	<u>民</u> IN		NA	NO	Toxic substances properly identified, store Conformance with Approved Pro-		ō	0	
	_	0	_		Pro								od not re-	0	0	2	27	0	0	8		Compliance with variance, specialized pro HACCP plan		0	0	5
_			_	-			-																	_	_	_
				Goo		letali	Pract	nce		s pre	ventiv	ve me	asures to c						_		geni	s, chemicals, and physical objects	into toods.			
COOD RETAIL PRACTICES: OUT=not in compliance COS=corrected on-site during inspection R-repeat (violation of the same code provision)																										
_		DUT	_		_			_		e Sta und W	atus Vater			COS	COS R WT Compliance Status OUT Utensils and Equipment								COS	R	WT	
28		0	Past	eurize	ed e	ggs us	ed whe	ere n	equire	ed				0	0	1	4		0			onfood-contact surfaces cleanable, properly	designed,	0	0	1
29 30		0				ined fo		ialize	ed pro	ocessi	ing met			8	00	2	4	+	-			, and used ng facilities, installed, maintained, used, test	t strins	0	0	-
	4	DUT	Droo	or 0.00	oline			_			Contro		emperature	-	T	_	4	_	_			ntact surfaces clean	, 30 40	0	-	1
31		<u>ں</u>	contr	ol									mperetaile	0	0	2		(TUC			Physical Facilities				
32	_				-		ooked ethods			ilding				8	8	1	4	_				d water available; adequate pressure stalled; proper backflow devices		8	응	2
34		0			_		ded an	nd ao	courat					ŏ	ō	1	5	0	0	Sewag	e and	d waste water properly disposed		0	0	2
	-	께	F			1.0.1.				ficat			in a se Tabla	-				_				es: properly constructed, supplied, cleaned			0	1
35	_		Food	prop	xenty						required		is available	0	0	1	5		-	-	·	use properly disposed; facilities maintained ilities installed, maintained, and clean		0	응	1
36	-		Insec	ts. ro	den		anima					ation		0	0	2	5	_	-			entilation and lighting; designated areas use	d	ŏ	ŏ	1
37	+	-										, storag	e & display	0	0	1		÷	TUC	,		Administrative items		-	-	
38	+	0	Pers	onal c	lear	nliness		_						0	0	1			0	Durrient	t pern	mit posted		0	0	_
39	_						rly use egetab		d stor	red				8	0		5	6	0	vlost re	cent	inspection posted Compliance Status		O YES	0	
40	4	TUC					Prop	per L		d Ute	ensils					1						Non-Smokers Protection A	ct		-	11
41 42							erly sto and lin			and a	torod 4	triad by	andlad	8	8	1	5	7				with TN Non-Smoker Protection Act oducts offered for sale		8	읭	0
43		0	Singl	e-use	s/sin	gle-se	rvice a	irticle	es; pr	operly st	tored, d y stored	, used	andied	0	0	1	5					roducts onered for sale roducts are sold, NSPA survey completed		8	8	Ÿ
44						ropert		_							0											
	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 recert 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. sections 68-14-708, 68-14-708, 68-14-708, 68-14-718, 68-14-716, 4-5-328.

 Manner and post the most recert 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. sections 68-14-708, 68-14-708, 68-14-708, 68-14-716, 4-5-328.

 Manual O3/13/2024
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 Signature of Person In Charge
 Date

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****										
PH-2267 (Rev. 6-15)	Free food safety training classes are available each month at the county health department. Please call () 6152061100 to sign-up for a class.	RDA 629								

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Authentic Coffee Co. Establishment Number #: 605225785

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 wenty-one (21) years of age or older.	
se-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.	
fents 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)						
3 comp sink	Bleach								

Temperature (Fahrenheit)
35
0

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Milk	Cold Holding	41				
		1				

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Authentic Coffee Co.

Establishment Number : 605225785

Comments/Other Observations

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

- 2: Health policy on file
- 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: Observed good hand washing

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 sources

- 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: (NO) No TCS foods reheated during inspection.
- 18: Na
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: See 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: (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: Authentic Coffee Co.

Establishment Number : 605225785

Comments/Other Observations (cont'd)

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

Establishment Information

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Establishment Number #: 605225785

Sources				
Source Type:	Food	Source:	Kroger, walmart	
Source Type:	Water	Source:	City	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments