# **TENNESSEE DEPARTMENT OF HEALTH**

						FOOD SER	VICE ESTA	BL	ISH	M	ENT	r II	NSI	PEC	TI	ON REPORT	SCO	RE		
Ŵ		i i i	T. C.														1 (			
Estal	blish	nem	t Nar	ne	Baskin Ro	bbin's						Tur	o of i	Establi	ehmo	Farmer's Market Food Unit Section O Mobile				
Addr	655				3415 S Church St O Temporary O Seasonal										/					
City					Murfreesbo	oro	Time in	01	L:5	0 F	PM	A	M/P	и ті	ne o	ut 02:35; PM AM/PM				
Inspe	ctic	n Da	rte		04/08/20	24 Establishment	60532465	1			Emba	- irgoe	d 0	)						
Purp	ose	of In	spec		Routine	O Follow-up	O Complaint			-	elimin		-		Cor	nsuitation/Other				
Risk	Cat	egon	y		<b>O</b> 1	<b>3</b> 82	<b>O</b> 3			04				Fo	ilow-	up Required O Yes 🕅 No	Number of S	eats		
		R														to the Centers for Disease Cont control measures to prevent illne	rol and Prevent			
						FOODBO	RNE ILLNESS RI	SK F	ACT	ORS	AND	PU	BLIC	HEA	LTH	INTERVENTIONS				
IM	in cr	(L) ompii		algna		iance NA=not applicable			itema							ach item as applicable. Deduct points for e spection R=repeat (violation of th				
		anpo	ance	_		mpliance Status	NO-IN COST		R		Ĩ	100.00	u ones	ne que	-y -in	Compliance Status			R	WT
$\rightarrow$	_	-	NA	NO	Destas is sharp	Supervision	Inculation and					IN	ουτ	NA	NO	Cooking and Reheating of Time/ Control For Safety (TCS)				
	×	0	NA	110	performs duties	e present, demonstrates	knowledge, and	0	0	5		0		8		Proper cooking time and temperatures		0	0	5
2			NA	NO	Management an	Employee Health d food employee awarer	ness; reporting	0	ा		17		O OUT			Proper reheating procedures for hot hok Ceoling and Holding, Date Marking	-	0	0	
	-	0				striction and exclusion		0	0	5		IN			NO	a Public Health Contr	ol	- 1	_	
4	1	0	NA	_		sting, drinking, or tobac		0		-	18 19	_	0		0.0	Proper cooling time and temperature Proper hot holding temperatures		0	0	
5	1	0	NA	0	No discharge fro	m eyes, nose, and mound	th	Ō	0	<u> </u>	20	10	0	0		Proper cold holding temperatures		0	0	5
		0	144			d properly washed	by riands	0	0		22		6	×		Proper date marking and disposition Time as a public health control: procedu	res and records	0		
7	0	0	0	×	No bare hand co alternate proced	intact with ready-to-eat f ures followed	oods or approved	0	0	5	-	-	-	NA				Ŭ	-	_
8			NA	NO	Handwashing si	nks properly supplied an Approved Source	d accessible	0	0	2	23	0	0	22		Consumer advisory provided for raw and food	undercooked	0	0	4
9 3	2	0			Food obtained fr	om approved source			0			IN	OUT	NA	NO	Highly Susceptible Popula	tions			
10		0	0	2		t proper temperature ndition, safe, and unadu	Iterated	8	8	5	24	0	0	X		Pasteurized foods used; prohibited food	s not offered	0	0	5
	_	0	×	0	Required record destruction	s available: shell stock t	ags, parasite	0	0			IN	OUT	NA	NO	Chemicals				
	IN	OUT	NA	NO	Prot	ection from Contami	nation			_	25	0	0	X		Food additives: approved and properly u		0	읽	5
13 14		8			Food separated Food-contact su	and protected rfaces: cleaned and san	itized	8	8	5	26	N N	OUT	NA	NO	Toxic substances properly identified, sto Conformance with Approved F		0	0	
-		0			Proper disposition served	on of unsafe food, return	ed food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized p HACCP plan	rocess, and	0	0	5
_				_																
				God	d Retail Pract	tices are preventive	measures to co								geni	s, chemicals, and physical object	s into foods.			
				00	T=not in complianc	ė	COS=corre				L PR			3		R-repeat (violation of the san	ne code provision)			
		OUT		_		npliance Status e Food and Water		COS	R	WT	Ē	10	UT	_	_	Compliance Status Utensils and Equipment		COS	R	WT
28	-	0	Past		ed eggs used whe	re required		0	0	1	4	_	n F			nfood-contact surfaces cleanable, proper	fly designed,	0	0	1
29	_				d ice from approve obtained for speci	ed source alized processing metho	ds	8	8	2	$\vdash$	+	- É			and used	at at fac	_	-	
		OUT	_			emperature Control	for the second second	-			4		_			g facilities, installed, maintained, used, te	st strips	0	_	1
31		0	cont		oing methods us	ed; adequate equipment	for temperature	0	0	2	-	_	0 N UT	00000	-cor	Physical Facilities		0	9	1
32	_				properly cooked thawing methods			8	8	1	4	_	_			I water available; adequate pressure stalled; proper backflow devices		8	읭	2
34	_		<u> </u>		eters provided an			ŏ	ŏ	1	5	_	_			I waste water properly disposed		0	0	2
	_	OUT	_			od identification					5	_			_	es: properly constructed, supplied, cleane			0	1
35			Food	i prop		nal container; required r		0	0	1	5		-	-		use properly disposed; facilities maintaine	b,	0	0	1
36	-	000	Inse	the re	Prevention dents, and anima	of Food Contaminat	lon	0	0	2	5	-	-			ilities installed, maintained, and clean intilation and lighting; designated areas u	sed	0	0	1
37	+	-			-	uring food preparation, s	tornos 8 direlau	0	0	1	F	+	UT		10 10	Administrative Items	~~~	-	-	
38	_				cleanliness	uning tood preparation, s	korage & display	0	0	1	5	-	-	ument	Deco	nit posted		0	0	
39		Ó	Wipi	ng ck	oths; properly use			0	0	1		_	_		-	inspection posted		0	0	0
40	_	0 OUT	_	hingt	ruits and vegetab	ies or Use of Utensils		0	0	1	$\vdash$	_	_			Compliance Status Non-Smokers Protection		YES	NO	WT
41		0	In-us		nsils; properly sto	red	ud handled		8		5					with TN Non-Smoker Protection Act		8	읭	
42	-	0	Sing	e-use	e/single-service a	ens; properly stored, drie rticles; properly stored, u			0	1	5	5				ducts offered for sale oducts are sold, NSPA survey completed	. <u> </u>	0		U
	-				ed properly				0											
servio		tablis	shmer	st perr	nit. Items identified	as constituting imminent I	health hazards shall b	e corre	cted i	mmed	iately (	or ope	eration	is shal	ceas	Repeated violation of an identical risk factor e. You are required to post the food service	establishment permit	in a c	onspi	icuous
report	er ar	nd po	st the sectio	os 68-	14-203, 68-14-706, 6	8-14-708, 68-14-709, 68-14-7	nner. You have the rig 11, 68-14-715, 68-14-7	phe to r 16, 4-5	eques 320.	t a he	aring r	egard	ing th	is repo	nt by f	fling a written request with the Commissioner	within ten (10) days	of the	date	of this
~	K	_	-{	- 1	Pay,	rl	04/0			1		$\cap$	Λ	~		$\leq 1$		)4/0	8/2	2024
Sign	atur	re of	Pers		Charge					Date	Sig	natu	re of	E	onme	ental Health Specialist			512	Date

Signature of I	Person In	Charge
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#### \*\*\*\* 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 clas Please call (	ses are available each mor ) 6158987889	th at the county health department. to sign-up for a class.	RDA 629

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



#### Establishment Information

Establishment Name: Baskin Robbin's Establishment Number #: 605324651

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.	
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.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info	arewashing Info						
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)				
3 comp	QA	300					

Equipment Temperature	
Description	Temperature (Fahrenheit)
RIC ice cream cases	40
RIC Below SureShot Machine	40
Ice Cream Freezer	-5

Food Temperature				
Description	State of Food	Temperature ( Fahrenheit		
Milk in SureShot Macine	Cold Holding	40		

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



### Establishment Information

Establishment Name: Baskin Robbin's

Establishment Number : 605324651

#### Comments/Other Observations

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

- 2: Able to discuss symptoms and diagnosis.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: Not operating at time of visit.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: No food employees present at time of visit. They were training. Discussed proper handwashimg procedures.
- 7: (NO) No food workers present during the inspection. Employees were trainin during visit.
- 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: No raw animal food prepared.
- 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: No food being cooled. Cooling possibility would be milk when recived.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: TCS food being cold held was holding at proper temperature.
- 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:
- 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: Baskin Robbin's

Establishment Number : 605324651

Comments/Other Observations (cont'd)

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

### Establishment Information

Establishment Name: Baskin Robbin's Establishment Number #: 605324651

Sources Source Type: Water Source: City Source Type: Food Source: Dean Foods, American Paper and Source Type: Source: Source Type: Source: Source: Source Type: Additional Comments

Approved to open.