

Establishment Name

Inspection Date

Risk Category

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Type of Establishment

Time in 11:18 PM AM/PM Time out 12:14; PM AM/PM

Follow-up Required

O Farmer's Market Food Unit Permanent O Mobile

SCORE

O Temporary O Seasonal

O Yes 疑 No

04/22/2024 Establishment # 605187376 Embargoed 0

O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

Number of Seats 274

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

10	4=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe			С
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	邕	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	$\square X$	0			Management and food employee awareness; reporting	0	0	
3	B 家 O Proper use			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
5	滋	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	釵	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	30	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	Ä	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	×	0			Proper disposition of unsafe food, returned food not re-	0	0	2

Jim N Nicks Bar B Que

523 Sam Ridley Pkwy.

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_					Compliance Status	COS	к	WI	
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods				
16		0	0	×	Proper cooking time and temperatures	0	0	5	
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	,	
	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	243	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	333		Pasteurized foods used; prohibited foods not offered	0	0	5	
	IN	оит	NA	NO	Chemicals				
25	0	0	3%		Food additives: approved and properly used	0	0	5	
26	菜	0			Toxic substances properly identified, stored, used	0	0	,	
	IN	OUT	NA	NO	Conformance with Approved Procedures				
27	0	0	X		Compliance with variance, specialized process, and HACCP plan	0	0	5	

s, chemicals, and physical objects into foods.

		OUT=not in compliance COS=com	GOO		
		Compliance Status	COS		_
	OUT		-		
28	0	Pasteurized eggs used where required	0	0	-
29	ŏ	Water and ice from approved source	ŏ	ŏ	1
30	ŏ	Variance obtained for specialized processing methods	ŏ	ŏ	H
	OUT				
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	ŀ
32	0	Plant food properly cooked for hot holding	0	0	Т
33	0	Approved thawing methods used	0	0	Т
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	١.
	OUT	Prevention of Feed Contamination			
36	0	Insects, rodents, and animals not present	0	0	1
37	0	Contamination prevented during food preparation, storage & display	0	0	Ī
38	0	Personal cleanliness	0	0	г
39	0	Wiping cloths; properly used and stored	0	0	г
40	0	Washing fruits and vegetables	0	0	г
	OUT	Proper Use of Utensils		_	
41	120	In-use utensils; properly stored	0	0	г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	Ŀ
44	0	Gloves used properly	0	0	,

		Compliance Status	cos	R	W
	OUT	Utensiis and Equipment			
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	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			
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	<u>'</u>
		Compliance Status	YES	NO	٧
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	X	0	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

er. You have the right to request a hi ten (10) days of the date of the

Signature of Person In Charge

PH-2267 (Rev. 6-15)

04/22/2024

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**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

Date

Free food safety training classes are available each month at the county health department.) 6158987889 Please call (to sign-up for a class.

04/22/2024

Date

RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Jim N Nicks Bar B Que
Establishment Number #: | 605187376

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 twenty-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.

Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)				
3 comp sink not set up Dish machine	CI CI	100					

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Meat cooler	38				
Walk in cooler	37				
Warmer box	180				

Description	State of Food	Temperature (Fahrenheit
Cole slaw make line cooler	Cold Holding	40
Sliced tomatoes make line cooler	Cold Holding	42
Raw chicken breading station	Cold Holding	39
Cooked chicken wings breading station	Cold Holding	40
Mac n cheese make line steam well	Hot Holding	150
Ribs warmer box	Hot Holding	150
Brats warmer box	Hot Holding	160
Raw hamburger patties make line cooler	Cold Holding	39
Cooked pork meat cooler 4 hrs	Cooling	50
Cole slaw drive thru cooler 10 min	Cooling	47
Potato salad drive thru cooler	Cold Holding	41
Mac n cheese drive thru steam well	Hot Holding	150
Mac n cheese wic 10 min	Cooling	90

Observed Violations							
Total # 2							
Repeated # 0							
41: Knives stored between two prep coolers. Discussed better storage for knives.							
53: Broken/missing floor tiles in the make line food prep area and ware wash							
area.							
							

^{***}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

Establishment Name: Jim N Nicks Bar B Que

Establishment Number: 605187376

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Management awareness
- 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 food 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: Not observed, discussed cooking temps
- 17: (NO) No TCS foods reheated during inspection.
- 18: Cooling foods were within all proper temp range. See food temps
- 19: Hot holding foods were within proper temp range. See food temps
- 20: Cold holding foods were within proper temp range. 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: (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:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Jim N Nicks Bar B Que	
Establishment Number: 605187376	
Comments/Other Observations (cont'd)	
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Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Information								
Establishment Name: Jim N Nicks Bar B Que								
Establishment Number #	605187376							
Sources								
Source Type:	Food	Source:	Gfs					
Source Type:	FUUU	Source:	GIS					
Source Type:	Water	Source:	Smyrna city					
Course Type.	vvator	Course.	Omyma ony					
Source Type:		Source:						
Source Type:		Source:						
		0						
Source Type:		Source:						
A deliti a mad O a mama								
Additional Comme	ents							