## **TENNESSEE DEPARTMENT OF HEALTH** FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

										10			
Stable     Our Savior Lutheran Church     O Farmer's Market Food Unit       Establishment Name     Type of Establishment     O Mobile													
									/				
City Na													
_	3/22/2024 Establishment # 60524016						d 0						
Purpose of Inspection					Mimin	-	-		Cor	nsultation/Other			
Risk Category 201	O2 O3		(	04				Fo	low-	up Required O Yes 🕄 No Number of S	Seats	49	)
										I to the Centers for Disease Control and Prever control measures to prevent illness or injury.	tion		
	FOODBORNE ILLNESS RI									INTERVENTIONS ach liam as applicable. Deduct points for category or subcat			
	T=not in compliance NA=not applicable NO=not observi		NG CLUB							spection R*repeat (violation of the same code provis			
IN OUT NA NO	Compliance Status Supervision	COS	R	WT	F					Compliance Status Cooking and Reheating of Time/Temperature	COS	R	WT
1 8 0 Per	rson in charge present, demonstrates knowledge, and	0	0	5	46	IN	OUT			Control For Safety (TCS) Foods			
IN OUT NA NO	forms duties Employee Health					00	00	0		Proper cooking time and temperatures Proper reheating procedures for hot holding	8	8	5
	nagement and food employee awareness; reporting oper use of restriction and exclusion	0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
IN OUT NA NO	Good Hygionic Practicos oper eating, tasting, drinking, or tobacco use	0				00	0	0		Proper cooling time and temperature Proper hot holding temperatures	0	8	
5 0 0 🕱 No	discharge from eyes, nose, and mouth	ŏ		5	20	25	0	0		Proper cold holding temperatures	8	Š	5
	Preventing Contamination by Hands nds clean and properly washed	0	0		21	0	0	0 ※		Proper date marking and disposition Time as a public health control: procedures and records	0	0	
1000 🔍 alte	bare hand contact with ready-to-eat foods or approved emate procedures followed	0	0	<u> </u>		IN	OUT	NA		Consumer Advisory			
IN OUT NA NO	Approved Source		0	2	23	0	0	2		Consumer advisory provided for raw and undercooked food	0	0	4
10 0 0 0 📚 Foo	od obtained from approved source od received at proper temperature	0	0		24	N N	OUT	NA	NO	Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered	0	0	5
12 0 0 💥 0 Rec	od in good condition, safe, and unadulterated quired records available: shell stock tags, parasite	0	0 0	5	-	IN	OUT	-	NO	Chemicals	-		•
IN OUT NA NO	Protection from Contamination				25	0	0	X		Food additives: approved and properly used	0	8	5
	od separated and protected od-contact surfaces: cleaned and sanitized		0 0	4	26	<u>渓</u> IN	O OUT	NA	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures	0	0	
15 ¥ 0 Pro	oper disposition of unsafe food, returned food not re- ved	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5
Good R	letail Practices are preventive measures to co	ontrol	the	intro	oduc	tion	of p	atho	gens	, chemicals, and physical objects into foods.			
	-	G00					ICE	3	_				
OUT=no	ot in compliance COS=corre Compliance Status	COS			inspe	ction				R-repeat (violation of the same code provision) Compliance Status	COS	R	WT
28 O Pasteurized es	Safe Food and Water ggs used where required	0	0	1	45		υτ D <sup>Fi</sup>	ood a	nd no	Utensils and Equipment infood-contact surfaces cleanable, properly designed,			
29 O Water and ice	from approved source ined for specialized processing methods	0	0	2	40	+	0			and used	0	0	1
OUT	Food Temperature Control a methods used; adequate equipment for temperature	1 1			40		_			g facilities, installed, maintained, used, test strips ntact surfaces clean	0	0	1
31 O control	perly cocked for hot holding	0	0	2	48	0	UT			Physical Facilities (water available; adequate pressure			
33 O Approved that	wing methods used	0	0	1	45		ΟP	lumbi	ng ins	stalled; proper backflow devices	0	0	2
34 O Thermometers	s provided and accurate Food Identification	0	0	1	50	_	-			i waste water properly disposed es: properly constructed, supplied, cleaned	8	0	2
	labeled; original container; required records available	0	0	1	52		_			use properly disposed; facilities maintained	0	0	1
36 O Insects, rodent	Prevention of Feed Contamination Its, and animals not present	0	0	2	53	-	-			lities installed, maintained, and clean entilation and lighting; designated areas used	0	0	1
	n prevented during food preparation, storage & display	0	0	1	F	+	UT			Administrative Items	-		
38 O Personal clear		-	0	1	55	5 (	_	urrent	pern	nit posted	0	0	0
39 O Wiping cloths; 40 O Washing fruits	properly used and stored s and vegetables	0		1	56	5 (	o M	lost re	cent	inspection posted Compliance Status	0	0	WT
41 O In-use utensils	Proper Use of Utensils	- ·	0		57	,	-	omoli	2000	Non-Smokers Protection Act with TN Non-Smoker Protection Act	x	<u> </u>	
42 O Utensils, equip	pment and linens; properly stored, dried, handled gle-service articles; properly stored, used	0	ö	1	55	5	T	obacc	o pro	ducts offered for sale oducts are sold, NSPA survey completed	0	Š	0
44 O Gloves used p			ŏ	1			_	100dc	co pr	oducts are sold, Nor A survey completed			
service establishment permit. It	tems identified as constituting imminent health hazards shall b	e correc	cted is	mmedi	ately o	or ope	ration	is shall	ceas	Repeated violation of an identical risk factor may result in revo e. You are required to post the food service establishment perm	it in a i	consp	icuous
	nt inspection report in a conspicuous manner. You have the rig 03, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-7			ahea	ring n	egard	ing thi	is repo	rt by f	Sling a written request with the Commissioner within ten (10) day	s of the	e date	of this
Cl Dky nch 03/22/2024 M Cohenary 03/22/2024								2024					
Signature of Person In Charge Date Signature of Environmental Health Specialist Date													
	Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice     Free food safety training classes are available each month at the county health department.												
PH-2267 (Rev. 6-15)	Pree tood safety training classe Please call (	) 61								p for a class.		R	DA 629

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



#### Establishment Information Establishment Name: Our Savior Lutheran Church Establishment Number #: 605240163

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-Brooking" 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)

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Refrigerator	38				
Walk in cooler	37				
Walk in freezer	-1				

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Ham in Walk in cooler	Cold Holding	36				

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



#### Establishment Information

Establishment Name: Our Savior Lutheran Church

Establishment Number : 605240163

#### Comments/Other Observations

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

- 2: Employee health policy available.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (N.O.) No food workers present.
- 5: (N.O.) No food workers present at the time of inspection.
- 6: Omworkers present during this inspection.
- 7: (NO) No food workers present during the inspection.
- 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: No raw animal cooked during this inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No tcs foods cooled during this inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: Proper cold holding temperatures were observed.
- 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: "No Smoking" signs or the international "No Smoking" symbol are conspicuously posted at every entrance. 58: No

\*\*\*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: Our Savior Lutheran Church Establishment Number : 605240163

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Our Savior Lutheran Church Establishment Number # 605240163

Sources				
Source Type:	Water	Source:	City	
Source Type:	Food	Source:	Members, GFS	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

# Additional Comments