

Establishment Name

Inspection Date

Purpose of Inspection

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Type of Establishment

Time in 10:10 AM AM / PM Time out 10:15: AM AM / PM

O Farmer's Market Food Unit

O Permanent MMobile

SCORE

O Temporary O Seasonal

03/22/2024 Establishment # 605262304 Embargoed 0

EVERYTHING FOOD TOGO MT #549

3069 BRICK CHURCH PIKE

Nashville

Routine

∰ Follow-up O Complaint O Preliminary O Consultation/Other

Number of Seats 0 Risk Category О3 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | | | | 0 | |
|--|-------------------|-----|----|----|---|---|---|--------|
| | Compliance Status | | | | | | | |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 氮 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | TXC | 0 | | | Management and food employee awareness; reporting | | 0 | \Box |
| 3 | × | 0 | | | Proper use of restriction and exclusion | | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | * | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | | 0 | |
| 5 | 0 | 0 | | * | No discharge from eyes, nose, and mouth | 0 | 0 | 0 |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 0 | 0 | | 3% | Hands clean and properly washed | 0 | 0 | |
| 7 | 0 | 0 | 0 | × | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | \Box |
| 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 | × | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| | | | | | Compliance Status | cos | R | WT |
|----|----|-----|----|----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | 0 | 黨 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 3% | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | _ | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | 0 | 0 | 0 | 文 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 24 | 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 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | X | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

to control the introduction of pathoge s, chemicals, and physical objects into foods.

L PRACTICES

| | | OUT=not in compliance COS=con | ected or | 1-site | ďμ |
|----|-----|--|----------|--------|----|
| | | Compliance Status | COS | | _ |
| | OUT | Safe Food and Water | | _ | _ |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | г |
| 29 | 0 | Water and ice from approved source | 0 | 0 | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | Г |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | Г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | |
| 34 | X | Thermometers provided and accurate | 0 | 0 | г |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | , |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | |
| 38 | 0 | Personal cleanliness | 0 | 0 | Г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | Г |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | 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 | |
| 44 | 10 | Gloves used properly | - | 0 | |

| pecti | on | R-repeat (violation of the same code provision | | _ | |
|-------|-----|--|-----|-----|---|
| | | Compliance Status | cos | R | W |
| | OUT | Utensils and Equipment | | _ | |
| 45 | 0 | Food and norfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | 2 |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | 2 |
| 50 | 100 | Sewage and waste water properly disposed | 0 | 0 | 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | 1 |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | | Current permit posted | 0 | 0 | 0 |
| 56 | 0 | Most recent inspection posted | 0 | 0 | · |
| | | Compliance Status | YES | NO | W |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | 0 | 100 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

er. You have the right to request a h n (10) days of the date of the 4-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

03/22/2024

Date Signature of Environmental

03/22/2024

Signature of Person In Charge

Date

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

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | | | |
|---|-------------------------------|--------------------------|-------------------|----------|--|--|--|--|
| Establishment Name: EVERYTHING FOOD TOGO MT #549 | | | | | | | | |
| Establishment Number #: 605262304 | | | | | | | | |
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| NSPA Survey - To be completed if | | | | _ | | | | |
| 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 | s in non-enclosed areas are r | not completely removed o | or open. | | | | | |
| Smoke from non-enclosed areas is infiltrating in | nto areas where smoking is p | rohibited. | | | | | | |
| Smoking observed where smoking is prohibited | i by the Act. | | | | | | | |
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| Warewashing Info | | | | | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fah | renhelt) | | | | |
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| | | | | | | | | |
| Equipment Temperature | | | | | | | | |
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| Food Temperature | | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Name: EVERYTHING FOOD TOGO N | /IT #549 | | |
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| Establishment Number: 605262304 | | | |
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| Comments/Other Observations | | | |
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| Establishment Name: EVERYTHING FOOD TOGO MT #549 | | | | |
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| Establishment Number: 605262304 | | | | |
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Establishment Information

| Establishment Name: EVERYTHING FOOD TOGO MT #549 | | | | | | |
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| Establishment Number # 605262304 | | | | | | |
| Sources | | | | | | |
| Source Type: | Source: | | | | | |
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