

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Establishment Name	Kona Ice of V	Vilson County	Truck #1		Type of Esta	ahlishmant	O Fermer							
Address	173 Village C	Cir			1 7500 01 230	acrismment	O Tempo	rary	o s	easonal	-		'	
City	Lebanon		Time in	08:18 AM	AM / PM	Time out	08:29	ΑN	1_ ,	AM / PM				
Inspection Date	03/08/202	3 Establishment#	605301781	Emba	irgoed 0						L			
Purpose of Inspection	K Routine	O Follow-up	O Complaint	O Prelimin	ary	O Consu	ultation/Other	_						
Risk Category	3061	02	О 3	04		Follow-up	Required	0	Yes	权 No		Number of Sec	ıts O	ļ

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS T, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable.

II.	4 ≐in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	id		Ö
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	×	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	TXC	0			Management and food employee awareness; reporting	0	0	\Box
3	×	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	ı °
	IN	OUT	NA	NO	Proventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	氮	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	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	×	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

					Compliance Status	cos	R	WT
	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	X	0	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	文	0	Proper hot holding temperatures	0	0	
20	凝	0	0		Proper cold holding temperatures	0	0	5
21	0	0	260	0	Proper date marking and disposition	0	0	*
22	0	0	\mathbf{x}	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	80	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

strol the introduction of pathogo s, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=corr			
		Compliance Status	cos	R	WT
	OUT				
28		Pasteurized eggs used where required	0	0	1
29	0	Water and ice from approved source	0	0	2
30		Variance obtained for specialized processing methods	0	0	1
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	2
32	0	Plant food properly cooked for hot holding	0	0	1
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	1
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	1
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	2
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	1
39	0	Wiping cloths; properly used and stored	0	0	1
40	0	Washing fruits and vegetables	0	0	1
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	1
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1
43	0	Single-use/single-service articles; properly stored, used	0	0	1
44	0	Gloves used properly	0	0	_

pect	on	R-repeat (violation of the same code provision)		
		Compliance Status	COS	R	WT
	OUT	Utensiis 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	0	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	0	Current permit posted	0	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 100	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

conspicuous manner. You have the right to request a h 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of th

03/08/2023

Date Signature of E

03/08/2023

Signature of Person In Charge

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information				
Establishment Information	an Carreto Terrale //1			
Establishment Name: Kona Ice of Wils	on County Truck #1			
Establishment Number #: [605301781				
NCDA Survey. To be completed if	#57 in #Ma#			
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		facilities at all times to ne	mons who are	
twenty-one (21) years of age or older.	rict access to its buildings or	lacilities at all times to pe	isons who are	
Age-restricted venue does not require each per	rson attempting to gain entry	to submit acceptable form	of identification.	
"No Smoking" signs or the international "Non-S	moking" symbol are not cons	picuously posted at every	entrance.	
Garage type doors in non-enclosed areas are n	ot completely open.			
Tents or awnings with removable sides or vents	s in non-enclosed areas are n	ot completely removed or	ropen.	
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.			
Warewashing Info	A continue To the	80		
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renneit)
			<u> </u>	
Equipment Temperature				
Description			Temperature (Fah	renhelf)
Food Temperature			•	
Description		State of Food	Temperature (Fah	renhelf)
Бесприон		state of Food	Temperature (Pari	rennen.)

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Kona Ice of Wilson County Truck #1

Establishment Number: 605301781

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN): An employee health policy is available.
- 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: No food prepared during inspection
- 7: No food prepared during inspection
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See source info
- 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: (NA) No TCS foods reheated for hot holding.
- 18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Ice and syrup only food on truck.
- 21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 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: Kona Ice of Wilson County Truck #1		
Establishment Number: 605301781		
Comments/Other Observations (cont'd)		
Additional Comments (cont'd)		
See last page for additional comments.		
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Establishment Information

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etablichmant Number #		y Truck #1	
Lacabilist inferit (Valifice) #,	605301781		
Sources			
Source Type:	Food	Source:	Home City Ice, Kona-Ice
Source Type:	Water	Source:	City
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Additional Commen	nts		