



TENNESSEE DEPARTMENT OF HEALTH  
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

95

Establishment Name Best Wok Chinese Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 2803 Clifton Ave. ☐ Temporary ☐ Seasonal  
City Nashville Time in 12:25 PM AM / PM Time out 12:30 PM AM / PM  
Inspection Date 03/19/2024 Establishment # 605163828 Embargoed 0  
Purpose of Inspection ☐ Routine ☒ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 8

**Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.**

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

| IN=in compliance  |                                     |                          |                                     |                                     | OUT=not in compliance  |  |  |  |  | NA=not applicable        |                          |  |  |   | NO=not observed |   |  |  |  | COS=corrected on-site during inspection |  |  |  |  | R=repeat (violation of the same code provision) |  |  |  |  |
|-------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|--------------------------|--------------------------|--|--|---|-----------------|---|--|--|--|---|--|--|--|--|---|--|--|--|--|
| Compliance Status |                                     |                          |                                     |                                     |  |  |  |  |  | COS                      |                          |  |  |   | R               |   |  |  |  | WT                                      |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Supervision  |  |  |  |  |                          |                          |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 1                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Person in charge present, demonstrates knowledge, and performs duties                  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |                 | 5 |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Employee Health  |  |  |  |  |                          |                          |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 2                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Management and food employee awareness, reporting                                      |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |                 | 5 |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 3                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Proper use of restriction and exclusion  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Good Hygienic Practices  |  |  |  |  |                          |                          |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 4                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | Proper eating, tasting, drinking, or tobacco use                                       |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   | 5               |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 5                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | No discharge from eyes, nose, and mouth  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Preventing Contamination by Hands  |  |  |  |  |                          |                          |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 6                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     | <input type="checkbox"/>            | Hands clean and properly washed  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 5 |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 7                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | No bare hand contact with ready-to-eat foods or approved alternate procedures followed |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 8                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Handwashing sinks properly supplied and accessible                                     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 2 |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Approved Source  |  |  |  |  |                          |                          |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 9                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Food obtained from approved source   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 5 |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 10                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Food received at proper temperature  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 11                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Food in good condition, safe, and unadulterated  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 12                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Required records available: shell stock tags, parasite destruction                     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Protection from Contamination  |  |  |  |  |                          |                          |  |  |   |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 13                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                     | Food separated and protected   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 4 |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 14                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                     | Food-contact surfaces: cleaned and sanitized   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 5 |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 15                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Proper disposition of unsafe food, returned food not re-served                         |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 2 |                 |   |  |  |  |   |  |  |  |  |   |  |  |  |  |

| Compliance Status |                                     |                          |                                     |                                     |  |  |  |  |  | COS                      |                          |  |  |   | R |  |  |  |  | WT |  |  |  |  |
|-------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|--------------------------|--------------------------|--|--|---|---|--|--|--|--|----|--|--|--|--|
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods |  |  |  |  |                          |                          |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 16                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Proper cooking time and temperatures                                     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 5 |   |  |  |  |  |    |  |  |  |  |
| 17                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Proper reheating procedures for hot holding                              |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Cooling and Holding, Date Marking, and Time as a Public Health Control   |  |  |  |  |                          |                          |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 18                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper cooling time and temperature                                      |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 5 |   |  |  |  |  |    |  |  |  |  |
| 19                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper hot holding temperatures  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 20                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                     | Proper cold holding temperatures   |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 21                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper date marking and disposition                                      |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 22                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Time as a public health control: procedures and records                  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Consumer Advisory  |  |  |  |  |                          |                          |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 23                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | Consumer advisory provided for raw and undercooked food                  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 4 |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Highly Susceptible Populations   |  |  |  |  |                          |                          |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 24                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | Pasteurized foods used; prohibited foods not offered                     |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 5 |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Chemicals  |  |  |  |  |                          |                          |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 25                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | Food additives: approved and properly used                               |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 5 |   |  |  |  |  |    |  |  |  |  |
| 26                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | Toxic substances properly identified, stored, used                       |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  |   |   |  |  |  |  |    |  |  |  |  |
|                   | IN                                  | OUT                      | NA                                  | NO                                  | Conformance with Approved Procedures                                     |  |  |  |  |                          |                          |  |  |   |   |  |  |  |  |    |  |  |  |  |
| 27                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | Compliance with variance, specialized process, and HACCP plan            |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |  |  | 5 |   |  |  |  |  |    |  |  |  |  |

**Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.**

| OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision) |     |   |  |  | Compliance Status          |     |   | COS R WT  |  |   |
|---|-----|---|--|--|----------------------------|-----|---|-----------|--|---|
| Safe Food and Water   |     |   |  |  | Compliance Status          |     |   | COS R WT  |  |   |
| 28  | OUT | Pasteurized eggs used where required                                    |  |  | 45                         | OUT | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |           |  | 1 |
| 29  | OUT | Water and ice from approved source                                      |  |  | 46                         | OUT | Warewashing facilities, installed, maintained, used, test strips                      |           |  | 1 |
| 30  | OUT | Variance obtained for specialized processing methods                    |  |  | 47                         | OUT | Nonfood-contact surfaces clean  |           |  | 1 |
| Food Temperature Control  |     |   |  |  | Physical Facilities        |     |   | COS R WT  |  |   |
| 31  | OUT | Proper cooling methods used; adequate equipment for temperature control |  |  | 48                         | OUT | Hot and cold water available; adequate pressure                                       |           |  | 2 |
| 32  | OUT | Plant food properly cooked for hot holding                              |  |  | 49                         | OUT | Plumbing installed; proper backflow devices   |           |  | 2 |
| 33  | OUT | Approved thawing methods used   |  |  | 50                         | OUT | Sewage and waste water properly disposed  |           |  | 2 |
| 34  | OUT | Thermometers provided and accurate                                      |  |  | 51                         | OUT | Toilet facilities: properly constructed, supplied, cleaned                            |           |  | 1 |
| Food Identification   |     |   |  |  | 52                         | OUT | Garbage/refuse properly disposed; facilities maintained                               |           |  | 1 |
| 35  | OUT | Food properly labeled; original container; required records available   |  |  | 53                         | OUT | Physical facilities installed, maintained, and clean                                  |           |  | 1 |
| Prevention of Food Contamination  |     |   |  |  | 54                         | OUT | Adequate ventilation and lighting; designated areas used                              |           |  | 1 |
| 36  | OUT | Insects, rodents, and animals not present                               |  |  | Administrative Items       |     |   | COS R WT  |  |   |
| 37  | OUT | Contamination prevented during food preparation, storage & display      |  |  | 55                         | OUT | Current permit posted   |           |  | 0 |
| 38  | OUT | Personal cleanliness  |  |  | 56                         | OUT | Most recent inspection posted   |           |  | 0 |
| 39  | OUT | Wiping cloths: properly used and stored                                 |  |  | Compliance Status          |     |   | YES NO WT |  |   |
| 40  | OUT | Washing fruits and vegetables   |  |  | Non-Smokers Protection Act |     |   | COS R WT  |  |   |
| Proper Use of Utensils  |     |   |  |  | 57                         | OUT | Compliance with TN Non-Smoker Protection Act  |           |  | 0 |
| 41  | OUT | In-use utensils; properly stored  |  |  | 58                         | OUT | Tobacco products offered for sale   |           |  | 0 |
| 42  | OUT | Utensils, equipment and linens; properly stored, dried, handled         |  |  | 59                         | OUT | If tobacco products are sold, NSPA survey completed                                   |           |  | 0 |
| 43  | OUT | Single-use/single-service articles; properly stored, used               |  |  |                            |     |   |           |  |   |
| 44  | OUT | Gloves used properly  |  |  |                            |     |   |           |  |   |

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person in Charge [Signature] Date 03/19/2024 Signature of Environmental Health Specialist [Signature] Date 03/19/2024

\*\*\*\* 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: Best Wok Chinese

Establishment Number #: 605163828

**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) |
|--------------|----------------|-----|---------------------------|
|              |                |     |                           |

**Equipment Temperature**

| Description | Temperature ( Fahrenheit) |
|-------------|---------------------------|
|             |                           |

**Food Temperature**

| Description | State of Food | Temperature ( Fahrenheit) |
|-------------|---------------|---------------------------|
|             |               |                           |

**Observed Violations**

Total # 4

Repeated # 0

36:

37:

41:

53:

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



***Establishment Information***

Establishment Name: Best Wok Chinese

Establishment Number : 605163828

***Comments/Other Observations***

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\*\*\*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.***

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

**Establishment Information**

Establishment Name: Best Wok Chinese

Establishment Number : 605163828

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

|                                  |                  |
|----------------------------------|------------------|
| <b>Establishment Information</b> |                  |
| Establishment Name:              | Best Wok Chinese |
| Establishment Number #:          | 605163828        |

**Sources**

|              |         |
|--------------|---------|
| Source Type: | Source: |
| Source Type: | Source: |
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**Additional Comments**