

Establishment Name

Inspection Date

Risk Category

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Number of Seats 0

Remanent O Mobile Type of Establishment

Follow-up Required

O Temporary O Seasonal

Time in 02:52 PM AM / PM Time out 03:18: PM AM / PM

O Yes 疑 No

03/05/2024 Establishment # 605204470 Embargoed 0

Legends Bar and Grill Auxiliary

155 Legends Dr., STE D

Lebanon

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

117	4 ≐in c	compli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		CC)S=cor	recte	d on-si	te di
匚					Compliance Status	cos	R	WT				
	IN	OUT	NA	NO	Supervision					IN	оит	N.A
1	×	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	0
	IN	OUT	NA	NO	Employee Health			-	17		ŏ	ŏ
2	- NC	0			Management and food employee awareness: reporting	0	0	$\overline{}$		Ť	Ť	Ť
3	×	0			Proper use of restriction and exclusion	0	0	5		IN	ОИТ	N.A
	IN	OUT	NA	NO	Good Hygienic Practices				18	_	0	0
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19	0	0	0
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	l ° l	20	25	0	0
	IN	OUT	NA	NO	Proventing Contamination by Hands				21	*	0	0
6	100	0		0	Hands clean and properly washed	0	0		22	0	0	0
7	800	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5	1	_	_	_
Ŀ			•		alternate procedures followed	_	_			IN	OUT	NA
8	- XX	0			Handwashing sinks properly supplied and accessible	0	0	2	23	0	0	M
		OUT	NA	NO	Approved Source		_			_	_	
9	黨	0			Food obtained from approved source	0	0			IN	OUT	NA
10	0	0	0	×	Food received at proper temperature	0	0	1 1	24	833	0	0
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	24	520	_	_
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	оит	N.A
	IN	OUT	NA	NO	Protection from Contamination				25	0	0	7,0
13	黛	0	0		Food separated and protected	0	0	4	26	窳	0	
14	X	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×

_	Compliance Status				000	K	** 1	
	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	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	X	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	氮	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	氮	0	0		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	黨	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

trol the introduction of pathogens, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Safe Food and Water			
28	0	Pasteurized eggs used where required	0	0	1
29	0	Water and ice from approved source	0	0	-
30	0	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	:
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	Т
	OUT	Food Identification			
35	Ж	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	1
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	
	OUT	Proper Use of Utensils	\top		
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	0	

spect	ion	R-repeat (violation of the same code provision)		
		Compliance Status	COS	R	WT
	OUT	Utensiis and Equipment			
45	0	Food and nonfood-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			
55	0	Current permit posted	0	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	WT
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	×	0	
58		Tobacco products offered for sale	0	0 0	
59		If tobacco products are sold, NSPA survey completed	0	0	

and post the most recent inspection report in a conspicuous manner. You have the right to request a h in (10) days of the date of the

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03/05/2024

03/05/2024

Signature of Person In Charge

Date

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

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Establishment Name: Legends Bar and Grill Auxiliary
Establishment Number # 605204470

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 (Fahrenhelt)				
Three comp sink	Chlorine						

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Black RIC	40				
True Beer RIC	40				
True Beer RIC #2	40				
True Beer RIC #3	40				

Food Temperature					
Description	State of Food	Temperature (Fahrenheit)			

Observed Violations							
Total #							
Repeated # ()							
35: Squeeze bottles in black RIC not labeled							

[&]quot;"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: Legends Bar and Grill Auxiliary

Establishment Number: 605204470

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Establishment has employee illness policy
- 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.

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- 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 sources
- 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 foods observed being cooked during inspection
- 17: (NO) No TCS foods reheated during inspection.
- 18: No foods observed being cooled during inspection
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.

24:

- 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:

***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 Name: Legends Bar and Grill Auxiliary Establishment Number: 605204470				
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: Legends Bar and Grill Auxiliary									
Establishment Number #:	605204470								
Sources									
Source Type:	Food	Source:	Lipman DET AJAX BEST BRANDS						
Source Type:	Water	Source:	City						
Source Type:		Source:							
Source Type:		Source:							
Source Type:		Source:							
Additional Comme	nts								
Three comp sink not	set up during inspecti	on							