## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

	100		AN A														<b>^</b>	>	
Esta	bīst	men	t Nan		Firebirds W	ood Fired Grill						Tur	o of i	Establi	is it may	Farmer's Market Food Unit     Sent     Permanent     O Mobile	≻	K	
Add	ress				2532 Medic	al Center Pkwy	/					1 yr	AC OF L	CSUBLI	Shiring	O Temporary O Seasonal			
City					Murfreesboi	0	Time in	01	L:1	5 F	M	AJ	M/P	M Th	me ou	ut 01:25; PM AM / PM			
Insp	ectic	n Da	te		03/19/20	24 Establishment #	00504770				Emba								
Purp	ose	of In:	spect	tion	ORoutine	樹 Follow-up	O Complaint			O Pro			-		Cor	nsultation/Other			
Risi	Cat	egonj	/		<b>O</b> 1	<b>30</b> (2	03			<b>O</b> 4				Fo	low-	up Required O Yes 🙀 No Number of	Seats	19	8
		R														to the Centers for Disease Control and Preve control measures to prevent illness or injury.	ntion		
						FOODBORN	E ILLNESS RI	SK F	AGTO	ORS	AND	PU	BLIC	HEA	штн	INTERVENTIONS			
IN	in c	mpile		algaat		nce NA=not applicable	NO=not observe		llema							ach item as applicable. Deduct points for category or subca pection Rvrepeat (violation of the same code provi		)	
_	_	_	_			pliance Status		cos	R		Ē					Compliance Status		R	WT
			NA	NO	Person in charge r	Supervision present, demonstrates k	nowledge, and					IN	ουτ	NA	NO	Cooking and Roberting of Time/Temperature Control For Safety (TCS) Foods			
1	邕	о 0000	NA	NO	performs duties	Employee Health	ionicoge, ene	0	0	5		意	00	8		Proper cooking time and temperatures Proper reheating procedures for hot holding	8	8	5
	X	0				food employee awarene	ss; reporting	0		5	Ë	IN	олт		NO	Cooling and Holding, Date Marking, and Time as	Ť		
3	炭 IN	о 0000	NA	NO	,	riction and exclusion od Hygionic Practico		0	0	-	18		0	0		Public Health Control Proper cooling time and temperature	0	ा	
4		0	101	0	Proper eating, tast	ing, drinking, or tobacco		0	0	5	19	X	0	0	0	Proper hot holding temperatures	0	0	
	IN	OUT	NA	NO	Prevent	eyes, nose, and mouth ing Contamination by	y Hands		0			100	ô	8		Proper cold holding temperatures Proper date marking and disposition	8	8	5
6 7	皇鼠	0 0	0		Hands clean and p No bare hand cont	properly washed tact with ready-to-eat for	ds or approved	0	0	5	22	0	0	×	-	Time as a public health control: procedures and records	0	0	
8	×	0	-	-	alternate procedur Handwashing sink	es followed s properly supplied and :	accessible		0	2	23	N	OUT	NA	NO	Consumer Advisory Consumer advisory provided for raw and undercooked	0	0	4
	IN 嵐		NA	NO	Food obtained from	Approved Source mapproved source		0	0	_		≈ IN	OUT	-	NO	food Highly Susceptible Populations	ľ		-
10 11	응	8	0	*		proper temperature ation, safe, and unadulte	rated	8	8	5	24	0	0	83		Pasteurized foods used; prohibited foods not offered	0	0	5
	õ	ō	X	0		available: shell stock tag		ō	ō			IN	OUT	NA	NO	Chemicals			
		оит О	NA	NO		ction from Contamina	ation	~		4	25	<b>0</b> 炭	00	X		Food additives: approved and properly used Toxic substances properly identified, stored, used	0	8	5
14	ž	ŏ	ŏ		Food-contact surfa	ces: cleaned and sanitia		ŏ	ŏ	5	20	IN	OUT	NA	NO	Conformance with Approved Procedures	Ľ		
15	2	٥			Proper disposition served	of unsafe food, returned	food not re-	0	0	2	27	0	0	黨		Compliance with variance, specialized process, and HACCP plan	0	0	5
				Goo	d Retail Practic	es are preventive r	neasures to co	ntro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects into foods.			
						-		GOO	DR	at/Al	L PR	ACT	ICE	5	_				
				00	T=not in compliance Comp	pliance Status	COS=corre		n-site R		inspe	ction				R-repeat (violation of the same code provision) Compliance Status	COS	R	WT
2	_	OUT O	Past	eurize	Safe d eggs used where	Food and Water		0		1			UT	lood a	nd no	Utensils and Equipment mood-contact surfaces cleanable, properly designed,			
2	9	0	Wate	er and	lice from approved		έ.	0	00	2	4	-	•			and used	0	0	1
	-	OUT			Food Te	mperature Control				_	4	-	_			g facilities, installed, maintained, used, test strips	0	0	1
3	1	•••	Prop		oling methods used	t; adequate equipment fo	or temperature	0	0	2	4	_	0 N	vontoo	d-con	ntact surfaces clean Physical Facilities	0	0	1
3	_				properly cooked fo thawing methods u			8	8	1	4	_	-			I water available; adequate pressure stalled; proper backflow devices	8	8	2
3	-				eters provided and			0	0	1	5	0 (	o s	Sewage	e and	waste water properly disposed s: properly constructed, supplied, cleaned	0	_	2
3	_		Food	l prop		al container; required rec	ords available	0	0	1	5	_	_			use properly disposed; facilities maintained	6	0	1
		OUT			Prevention	of Food Contaminatio	'n				5	3 (	0 P	hysica	al faci	lities installed, maintained, and clean	0	0	1
3	6	٥	Insec	ts, ro	dents, and animals	not present		0	0	2	5	4 (	<u> ^</u>	\dequa	ste ve	ntilation and lighting; designated areas used	0	0	1
3	7	X	Cont	amina	ation prevented dur	ing food preparation, sto	rage & display	0	0	1		0	UT			Administrative items			
3	_				leanliness ths; properly used	and stored		0	0	1	50				-	nit posted inspection posted	0	0	0
4	0				ruits and vegetable	s		õ	õ	1		_				Compliance Status Non-Smokers Protection Act		NO	WT
4	1	0			nsils; properly store				0		5	2				with TN Non-Smoker Protection Act	X		
4	3	0	Singl	e-use	/single-service arti	is; properly stored, dried cles; properly stored, use	, handled ed	0	0	1	54 55	8 9				ducts offered for sale oducts are sold, NSPA survey completed		0	0
4					ed properly	une vibie see 450 days o			0	_						Reported platellan of an identical side factor one court is see		-	
serv	ce es	tablis	hmen	t perm	nit. Items identified a	s constituting imminent he	alth hazards shall b	e corre	cted i	mmedi	ately	or ope	eration	ns shall	l ceas	Repeated violation of an identical risk factor may result in rev e. You are required to post the food service establishment per lling a written request with the Commissioner within ten (10) day	vit in a	consp	icuous
						14-708, 68-14-709, 68-14-71								~		$\mathcal{M}$			
		1			1 -														nn
1	~	4	-		22	<u> </u>	03/1	19/2	024	1	_					Y	03/2	19/2	2024
Sign	~	e of	Pers	on In	Charge	<u> </u>			[	Date						ental Health Specialist	03/2	19/2	Date

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 62		
PH-2207 (Nev. 0-10)	Please call (	) 6158987889	to sign-up for a class.	NDA 62

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



#### Establishment Information

-

. .

Establishment Name: Firebirds Wood Fired Grill Establishment Number # 605317788

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)					
	· · · · · · · · · · · · · · · · · · ·					

ecoription	State of Food	Temperature ( Fahrenheit

Observed Violations	
Total # 2 Repeated # 0	
Repeated # 0	
37:	
44:	

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



#### Establishment Information

Establishment Name: Firebirds Wood Fired Grill Establishment Number: 605317788

Comments/Other Observations		
:		
:		
:		

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: Firebirds Wood Fired Grill

Establishment Number: 605317788

Comments/Other Observations (cont'd)

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

#### Establishment Information

Establishment Name: Firebirds Wood Fired Grill Establishment Number #: 605317788

Sources		
Source Type:	Source:	

# Additional Comments