



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

97

Establishment Name Jeffersons Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 1916 E. Main St. ☐ Temporary ☐ Seasonal  
City Murfreesboro Time in 11:53 AM AM / PM Time out 12:45 PM AM / PM  
Inspection Date 02/23/2024 Establishment # 605248060 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 55

**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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>										
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction										<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>										
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served										<input type="checkbox"/>	<input type="checkbox"/>		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																				
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature										<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
	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"/>		<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	Compliance Status					COS	R	WT	
Safe Food and Water					Utensils and Equipment											
28	OUT	○	Pasteurized eggs used where required	○	○	1	45	OUT	○	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	○	○	1			
29	○	○	Water and ice from approved source	○	○	2	46	○	○	Warewashing facilities, installed, maintained, used, test strips	○	○	1			
30	○	○	Variance obtained for specialized processing methods	○	○	1	47	○	○	Nonfood-contact surfaces clean	○	○	1			
Food Temperature Control					Physical Facilities											
31	○	○	Proper cooling methods used; adequate equipment for temperature control	○	○	2	48	OUT	○	Hot and cold water available; adequate pressure	○	○	2			
32	○	○	Plant food properly cooked for hot holding	○	○	1	49	○	○	Plumbing installed; proper backflow devices	○	○	2			
33	○	○	Approved thawing methods used	○	○	1	50	○	○	Sewage and waste water properly disposed	○	○	2			
34	○	○	Thermometers provided and accurate	○	○	1	51	○	○	Toilet facilities: properly constructed, supplied, cleaned	○	○	1			
Food Identification					Administrative Items											
35	⊗	○	Food properly labeled; original container; required records available	○	○	1	52	○	○	Garbage/refuse properly disposed; facilities maintained	○	○	1			
Prevention of Food Contamination																
36	○	○	Insects, rodents, and animals not present	○	○	2	53	○	○	Physical facilities installed, maintained, and clean	○	○	1			
37	⊗	○	Contamination prevented during food preparation, storage & display	○	○	1	54	○	○	Adequate ventilation and lighting; designated areas used	○	○	1			
38	○	○	Personal cleanliness	○	○	1										
39	○	○	Wiping cloths; properly used and stored	○	○	1	55	OUT	○	Current permit posted	○	○	0			
40	○	○	Washing fruits and vegetables	○	○	1	56	○	○	Most recent inspection posted	○	○				
Proper Use of Utensils					Compliance Status					YES NO WT						
41	⊗	○	In-use utensils; properly stored	○	○	1	Non-Smokers Protection Act									
42	○	○	Utensils, equipment and linens; properly stored, dried, handled	○	○	1	57	○	○	Compliance with TN Non-Smoker Protection Act	⊗	○				
43	○	○	Single-use/single-service articles; properly stored, used	○	○	1	58	○	○	Tobacco products offered for sale	○	○	0			
44	○	○	Gloves used properly	○	○	1	59	○	○	If tobacco products are sold, NSPA survey completed	○	○				

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, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge Ashley Kewsey Date 02/23/2024 Signature of Environmental Health Specialist SJ Date 02/23/2024

\*\*\*\* 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: **Jeffersons**  
Establishment Number #: **605248060**

***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)
3 comp not set up	Cl		
Dish machine	Cl	50	

***Equipment Temperature***

Description	Temperature ( Fahrenheit)
Pc	39
Pc2	38
Cooler drawers	37
Wic	39

***Food Temperature***

Description	State of Food	Temperature ( Fahrenheit)
Sliced tomatoes in pc1	Cold Holding	40
Mac n cheese on steamer	Hot Holding	133
All tcs foods in cooler drawers	Cold Holding	41
Cooked wings	Cooking	175
Wings in pc2	Cold Holding	40
Beef in wic	Cold Holding	39
Chicken in wic	Cold Holding	40

### Observed Violations

Total # 3

Repeated # 0

35: Bins of sugar, salt etc not labeled.

37: Employee drink with lid and straw stored on cutting board

41: Using round cups with no handle as scoops in various bins.

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Jeffersons

Establishment Number : 605248060

**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Pic has knowledge
- 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: Observed good hand washing.
- 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 Source
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: Had one box of oysters and it was attached to box. Also verified tags are being kept on file.
- 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: In range
- 17: (NO) No TCS foods reheated during inspection.
- 18: Observed no tcs foods in cooling process during inspection
- 19: In range
- 20: In range
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 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:

\*\*\*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: Jeffersons

Establishment Number : 605248060

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

<b>Establishment Information</b>	
Establishment Name:	Jeffersons
Establishment Number #:	605248060

<b>Sources</b>			
Source Type:	Food	Source:	Sysco
Source Type:	Water	Source:	City
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
<b>Additional Comments</b>			
Jeffersonsmurfreesboro@gmail.com			
Great job!			