



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

98

Establishment Name McDonald's Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 1420 W. Main St. ☐ Temporary ☐ Seasonal
City Lebanon Time in 10:52 AM AM / PM Time out 12:11 PM AM / PM
Inspection Date 02/09/2024 Establishment # 605229980 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 82

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 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"/>		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	5				
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"/>					
	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.

GOOD RETAIL PRACTICES

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

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 R. F. [Signature] Date 02/09/2024 Signature of Environmental Health Specialist Douglas Pass Date 02/09/2024

**** 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:	McDonald's
Establishment Number #:	605229980

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)
Sani Bucket	Chlorine	100	
Three comp sink	Quat		

Equipment Temperature	
Description	Temperature (Fahrenheit)
Franke RIC	38
Wall Mount RIF	13
Delfield RIC	
Silver RIC	38

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Fish Filet	Hot Holding	147
Crispy Chicken Filet	Hot Holding	150
Chicken Nuggets	Hot Holding	155
10:1 Hamburger Patty	Hot Holding	177
McChicken Patty	Hot Holding	152
Quarter Pounder Hamburger Patty	Cooking	184
Sliced Tomato (in TILT)	Cold Holding	54
Shredded Lettuce (in TILT)	Cold Holding	69
Sliced Cheese (in TILT)	Cold Holding	50
Sausage and Egg Burrito	Cold Holding	41
Folded Eggs	Cold Holding	42
Raw Quarter Pound Hamburger Patty	Cold Holding	40

Observed Violations

Total # 2

Repeated # 0

39: Wiping cloth stored on boxes of soda mixes in stock area in front of WIC

41: Stir spoons in coffee make area stored haphazardly in container on multiplex RIC

Coffee filters stored haphazardly on coffee machine in coffee make area

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: McDonald's

Establishment Number : 605229980

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 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.
- 6:
- 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: See temps
- 17: (NO) No TCS foods reheated during inspection.
- 18: No foods observed in cooling during inspection
- 19: See temps
- 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: Food items are labeled with TILT tickets and food items are in time window for TILT procedures
- 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 Information

Establishment Name: McDonald's

Establishment Number : 605229980

Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

Establishment Information

Establishment Name: McDonald's

Establishment Number #:	605229980
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Sources

Source Type:	Water
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Source: City

Source Type:	Food
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Source: Martin Bower

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Additional Comments