TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| 51 | - | 11 | 15 | | 1000 0 | | | | | | • •• | | | | | | | | |
|----------------|-----------------------|------------|--------|-------------------|--|---|----------|--------|----------|---------------------|---------|---------------|---------|------------------|--|---|-------------------|--------|---------|
| R. | | | | | | | | | | | | | | | | | | | |
| Esta | bisł | imen | t Nar | | Red Bicycle | | | | | | - | | | | O Farmer's Market Food Unit | 9 | | Ì | |
| Add | ness | | | | 15 N. Lowry St | | | | | _ | Typ | xe of t | Establ | ishme | O Temporary O Seasonal | J | | | |
| City | | | | | Smyrna | Time is | 11 | :1 |) A | M | 41 | | ит | man | ut 11:21:AM AM/PM | | | | |
| , | | | | | 03/18/2024 Establish | | | | | | | d 0 | | me o | , | | | | |
| | | n Da | | | | | | | - | | | | | | nsultation/Other | | | | |
| | | | spec | bon | | O Complaint | | | O Pre | aimin | ary | | | | | | | 64 | |
| Risk | Cat | egorj R | | act | O1 X2 ors are food preparation prac | O3 tices and employee | beha | | 04 | st co | omin | nonh | | | up Required O Yes 🐹 No to the Centers for Disease Contr | Number of S | | 04 | |
| | | | | as c | - | | _ | | _ | | | | | | control measures to prevent illne | ss or injury. | | | |
| | | | rk de | elgne | | BORNE ILLNESS RI 0) for each numbered iter | | | | | | | | | INTERVENTIONS such item as applicable. Deduct points for a | alegory or subcate | gery. |) | |
| IN | in c | ompii | ance | | OUT=not in compliance NA=not appl | | | | | \$=cor | recte | d on-s | ite dur | ing ins | spection R=repeat (violation of the | | | | |
| | IN | OUT | NA | NO | Compliance Status Supervisie | | cos | R | WT | Ь | | | | | Compliance Status Cooking and Reheating of Time/I | | cos | R | WT |
| - | 巖 | 0 | | | Person in charge present, demonst | | 0 | 0 | 5 | | IN | OUT | | | Control For Safety (TCS) F | oods | | _ | |
| | IN | OUT | NA | NO | performs duties Employee He | eith | - | | - | | 00 | 0 | 8 | | Proper cooking time and temperatures Proper reheating procedures for hot hold | ng | 0 | 00 | 5 |
| | _ | 0 | | | Management and food employee av | | | P | 5 | | IN | оит | NA | NO | Cooling and Holding, Date Marking | | | | |
| | 窝 IN | - | NA | NO | Proper use of restriction and exclus Good Hygionic Pr | | 0 | 0 | _ | 18 | 0 | 0 | 0 | 24 | a Public Health Centre Proper cooling time and temperature | 4 | 0 | | |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or to | obacco use | | 0 | ~ | 19 | 0 | 0 | ō | | Proper hot holding temperatures | | 0 | 0 | |
| | | | NA | | No discharge from eyes, nose, and Preventing Contaminat | | 0 | 0 | <u> </u> | 20 | 20 | 8 | 8 | 33 | Proper cold holding temperatures Proper date marking and disposition | | 00 | 8 | 5 |
| | × | 0 | 1.0-1 | | Hands clean and properly washed | | 0 | 0 | | 22 | | ŏ | x | | Time as a public health control: procedur | es and records | ō | ō | |
| 7 | 篋 | 0 | 0 | 0 | No bare hand contact with ready-to- alternate procedures followed | eat foods or approved | 0 | 0 | 5 | - | IN | OUT | | NO | Consumer Advisory | ra and records | - | | |
| | | 0 | | | Handwashing sinks properly supplie | | 0 | 0 | 2 | 23 | | 0 | 0 | | Consumer advisory provided for raw and | undercooked | 0 | 0 | 4 |
| | IN 宸 | | NA | NO | Approved Sou Food obtained from approved source | | 0 | 0 | - | - | ∽ IN | OUT | - | NO | food Highly Susceptible Popula | tions | - | - | - |
| 10 | 0 | 0 | 0 | 20 | Food received at proper temperatur | e | 0 | 0 | | 24 | | 0 | 88 | | Pasteurized foods used; prohibited foods | | 0 | 0 | 5 |
| 11 | _ | _ | 0-0 | | Food in good condition, safe, and u Required records available: shell st | | 0 | 0 | 5 | - | | - | _ | | | not vilered | - | _ | - |
| | 0 | 0 | × | 0 | destruction | | 0 | 0 | | | IN | OUT | | NO | Chemicais | | _ | | |
| | | 001 | | NO | Protection from Com Food separated and protected | amination | 0 | | 4 | 25 | 0 嵐 | 8 | X | J | Food additives: approved and properly us Toxic substances properly identified, stor | | 0 | 8 | 5 |
| 14 | × | Ō | Ō | | Food-contact surfaces: cleaned and | i sanitized | | Ō | 5 | | IN | | NA | NO | Conformance with Approved P | | - | _ | |
| 15 | 8 | 0 | | | Proper disposition of unsafe food, n served | sturned food not re- | 0 | 0 | 2 | 27 | 0 | 0 | 窝 | | Compliance with variance, specialized pr HACCP plan | ocess, and | 0 | 0 | 5 |
| | | | | Good | d Ratall Practices are proved | the measures to co | un fro | 1 10.0 | Inter | due | tion | of a | atho | | , chemicals, and physical objects | into foode | | | |
| | | | | | a natali riacticas are preven | | | | | | | | | gena | , chemicals, and physical object | Tinto Tooda. | | | |
| | | | | 00 | T=not in compliance | COS=com | icted o | n-site | | | | | 9 | | R-repeat (violation of the sam | e code provision) | | | |
| _ | _ | OUT | _ | _ | Compliance Status Safe Food and Wate | | COS | R | WT | | | UT | _ | _ | Compliance Status Utensils and Equipment | | COS | R | WT |
| 2 | _ | 0 | | | d eggs used where required | • | | 0 | | 4 | | _ | ood a | nd no | onfood-contact surfaces cleanable, propert | y designed, | 0 | 0 | 1 |
| 2 | _ | | | | lice from approved source obtained for specialized processing r | oethods. | 8 | 0 | 2 | \vdash | - | 0 | | | and used | | - | | |
| | - | OUT | | | Food Temperature Con | | | | _ | 4 | | 0 V | Varew | ashin | g facilities, installed, maintained, used, ter | it strips | 0 | 0 | 1 |
| 3 | 1 | 0 | Prop | | oling methods used; adequate equip | ment for temperature | 0 | 0 | 2 | 47 | _ | O N UT | lonfoo | d-cor | Physical Facilities | | 0 | 0 | 1 |
| 3 | 2 | | Plan | t food | properly cooked for hot holding | | | 0 | 1 | 43 | 8 (| 0 1 | | | f water available; adequate pressure | | 0 | 0 | 2 |
| 3 | _ | | | | thawing methods used eters provided and accurate | | 0 | 2 | 1 | 49 | _ | _ | | | stalled; proper backflow devices | | | | 2 |
| 3 | - | out | iner | morrie | Food identification | | 0 | 0 | - | 5 | | - | | | i waste water properly disposed es: properly constructed, supplied, cleaned | | | | 2 |
| 3 | 5 | 0 | Food | i prop | erly labeled; original container; requi | red records available | 0 | 0 | 1 | 53 | 2 (| 0 | Sarbaç | e/ref | use properly disposed; facilities maintaine | d | 0 | 0 | 1 |
| | | OUT | | | Prevention of Feed Contan | lination | | | | 5 | 3 0 | o P | hysica | al fac | ilities installed, maintained, and clean | | 0 | 0 | 1 |
| 3 | 6 | 0 | Inse | sts, ro | dents, and animals not present | | 0 | 0 | 2 | 54 | 4 | <u> </u> | dequa | ste ve | entilation and lighting; designated areas us | ed | 0 | 0 | 1 |
| 3 | 7 | 0 | Cont | amin | ation prevented during food preparat | on, storage & display | 0 | 0 | 1 | | 0 | υт | | | Administrative items | | | | |
| 3 | _ | | | | leanliness | | 0 | 0 | 1 | 54 | | | | | nit posted | | 0 | 0 | 0 |
| 3 | _ | | | | ths; properly used and stored ruits and vegetables | | | 8 | 1 | -54 | 6 (| 0 [] | fost re | cent | inspection posted Compliance Status | | 0 YES | | WT |
| | | OUT | | | Proper Use of Utensi | la | | | | | | | | | Non-Smokers Protection | uct | | | |
| 4 | _ | _ | | | nsils; properly stored quipment and linens; properly stored | i driad bandlad | | 8 | | 5 | | | | | with TN Non-Smoker Protection Act ducts offered for sale | | X | 8 | 0 |
| 4 | 3 | 0 | Sing | e-use | /single-service articles; properly sto | | 0 | 0 | 1 | 55 | 9 | | | | roducts are sold, NSPA survey completed | | ŏ | ŏ | Ŷ |
| 4 | _ | _ | | | ed properly | | - | 0 | _ | | | | | | | | | | |
| Failu servi | re to | corre | ict an | y viola t perm | tions of risk factor items within ten (10) hit, items identified as constituting immi | days may result in susper | e corre | f your | food a | service ately of | e esta | ablishe | ment p | ermit. I ceas | Repeated violation of an identical risk factor e. You are required to post the food service e | may result in revoc stablishment nermi | ation t in a r | of you | ar food |
| man | ter a | nd po | st the | most | | is manner. You have the rig | the to r | eques | | | | | | | fling a written request with the Commissioner | | | | |
| - opu | | | | | | | | | | l | | $\overline{}$ | , | | \bigcap | | · | . · | |
| | 03/18/2024 03/18/2024 | | | | | | | | | | | | | | | | | | |

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|---------------|-----------|-----------|---|
| Signature of | Darcon | In Charge | |
| orginature or | L CI POII | in charge | |
| * | | | |

| Date | Signature of Environmental Health Specialist |
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SCORE

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

Free food safety training classes are available each month at the county health department. Please call () 6158987889 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Red Bicycle Establishment Number #: 605312134

| 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) | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

| Equipment Temperature | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|
| Decoription | Temperature (Fahrenheit) | | | | | |
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| ecoription | State of Food | Temperature (Fahrenheit |
|------------|---------------|--------------------------|
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| Observed Violations | |
|---------------------------|--|
| Total # 1 Repeated # 0 | |
| Repeated # 0 | |
| 41: | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Red Bicycle Establishment Number: 605312134

| Comments/Other Observations | |
|--|----|
| 1: | |
| 2: | |
| 3: | |
| 4: | |
| 1: 2: 3: 4: 5: 6: 7: | |
| 6: | 22 |
| 7: | |
| 8: | |
| 8: 9: 10: | |
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| 12: | |
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| 14: | |
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| 18: 19: | |
| 19: | |
| 20: | |
| 20: 21: 22: 23: 24: 25: | |
| 22: | |
| 23: | |
| 24: | |
| 25: | |
| 26: (IN) All poisonous or toxic items are properly identified, stored, and used. | |
| 27: | |
| 57: | |
| 58: | |
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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: Red Bicycle

Establishment Number : 605312134

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Red Bicycle Establishment Number #. 605312134

| Sources | | |
|--------------------------|---------|--|
| Source Type: | Source: | |
| Additional Comments | | |
| Moraleseunice1@gmail.com | | |

All priority item violations have been corrected.