# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

																						1 (		<b>^</b>	<b>\</b>
Establishment Name			Courtyard Goodlettsville Banquet Kitchen										Type of Establishment     O Fermer's Merket Food Unit     O Mobile												
Address				865 Conference Dr.								Type of Establishment     O Temporary     O Seasonal								L					
City				Goodlettsville Time in 09:50 AM AM / PM Time out 10:15: AM AM / PM																					
Inspection Date				04/	05/20	24	Estab	slishmer	nt≢ 6		88			Em	barg	ped	0								
Purpo	se	of Ir	nspect		<b>X</b> Rot			- Follow		_	O Complain			<b>О</b> Р						Cor	nsultation/Other				
Risk	Cat			,	<b>X</b> 1		-	2			<b>O</b> 3			<b>O</b> 4							up Required O Yes 賞 No	Number of S		10	8
																					I to the Centers for Disease Contr control measures to prevent illne		ion		
						allance stat															INTERVENTIONS ach liem as applicable. Deduct points for c	denors or subcete			
IN=i	n co		iance	any la te		not in complia					NO=not observ	ed		С	05=0						spection R=repeat (violation of the	same code provisio	201)		
E.	N	ουτ	NA	NO		Con		nce Sti Superv				cos	R	WT	16	Τ.					Compliance Status Cooking and Reheating of Time/T		COS	R	WT
$\rightarrow$	-	0				n in charge				es know	ledge, and	0	0	5	ł I.				NA		Control For Safety (TCS) F	ooda	0		
	N	OUT	NA	NO		ms duties			- Healt							16 ( 17 (		8	ŝ		Proper cooking time and temperatures Proper reheating procedures for hot hold	ng	00	ő	5
2 7	Ř	0			_	gement and r use of rest					eporting	6	0	5	Ш	- I-	N	тис	NA	NO	Cooling and Holding, Date Marking a Public Health Contro				
	_	OUT	NA		0				e Pract					_		18 )		0	0	-	Proper cooling time and temperature		0	0	_
		0		0		r eating, tas scharge fron	m eyes	s, nose,	and mo	outh		0	0	5	1 12	19 (	3	0	0		Proper hot holding temperatures Proper cold holding temperatures		0	0	5
		001	NA		Hand	Prevent s clean and	_			n by Ha	inds	0	0		1 1	81 ( 22 (		-	0 ※	_	Proper date marking and disposition Time as a public health control: procedure	ar and records	0 0	0	-
	2	0	0	×		re hand con ate procedu			ly-to-eal	t foods o	or approved	0	0	5	lŀ					NO		rs and records	-	~	
8 2			NA			washing sin?	ks pro	perfy su	pplied a		essible	0	0	2	1 🛛	23 (	•	0	×		Consumer advisory provided for raw and food	undercooked	0	0	4
		00	0	0		obtained fro received at							00		1 F	-	-	-		NO	Highly Susceptible Popula				
11 (	2	0			Food	in good con red records	dition,	safe, ar	nd unad			0	0	5		-	-	-	×		Pasteurized foods used; prohibited foods	not offered	0	0	5
12 (	- 1	0	O NA	O	destru	ction				ninatio		0	0			25 (			NA	NO	Chemicals Food additives: approved and properly us	ad here	0	ন	
13 (	5	0	巖	110	Food	separated a	and pro	otected					0		l	26 }	X	0			Toxic substances properly identified, stor	ed, used	ŏ	ŏ	5
14 ( 15 }	-		P			contact surf r disposition					d not re-	0	0	-	łţ			-	NA		Conformance with Approved Pr Compliance with variance, specialized pr		0	0	5
Ľ	~	Č			serve	d						Ŭ	ľ	-	l Ľ		<u> </u>	•	~		HACCP plan		<u> </u>	Ŭ	-
				Goo	d Re	ail Practi	ces s	ire pre	ventiv	ve mea	sures to c							_	_	jens	s, chemicals, and physical objects	into foods.			
				00	T=not ir	n compliance					COS=con	ected c		durin	g ins			CES			R-repeat (violation of the sam				
		OUT	1				_	ice Sta and W				cos	R	WT	16		00	T			Compliance Status Utensils and Equipment		cos	R	WT
28 29						s used when approved						8	8	1	11	45	0				infood-contact surfaces cleanable, propert and used	y designed,	0	0	1
30			Varia			d for specia Food Te	alized p	process				ŏ	ŏ	1	11	46	0	-			g facilities, installed, maintained, used, tes	at strips	0	0	1
31	-	0	-	er coo	oling m	ethods used					mperature	0	0	2	۱Ŀ	47	0	_	onfoo	5-con	ntact surfaces clean		0	0	1
32	_	-	Contr		prope	rly cooked fo	or hot	holding				-	0		łŀ	48	00	_	ot and	cold	Physical Facilities I water available; adequate pressure		0	o	2
33		0	Appr	oved	thawin	g methods u	used					0	0	1		49	Ő	Pk	umbir	g ins	stalled; proper backflow devices		Ō	Ō	2
34	_	001		morrie	eters p	rovided and Fee		ntifica	tion			0	0	1	łĿ	50 51	0				I waste water properly disposed es: properly constructed, supplied, cleaned			0	2
35		0	Food	i prop	xerfy lat	beled; origin	al con	itainer; r	beniuper	d records	s available	0	0	1	1 [	52	0	Ga	arbag	e/refi	use properly disposed; facilities maintained	t	0	0	1
	-	001	_		-	revention				ation					1 F	53	0	-			lities installed, maintained, and clean		-	0	1
36	+	0				and animals						0	0	2	łŀ	54	0	+	sequa	te ve	ntilation and lighting; designated areas us	50	0	0	1
37	4	0			ation p	revented du	ring fo	od prep	varation,	, storage	e & display	0	0	1	łŀ	55	00	_	uncent	0000	Administrative items nit posted		0		
39		Ó	Wipi	ng clo	ths; pr	operly used		tored				0	0	1	۱Ŀ	56	-				inspection posted		0	0	0
40	-	0	_	hing fi	ruits ar	nd vegetable Prope		o of Ute	ensils			0	0	1	łŀ			-	_	_	Compliance Status Non-Smokers Protection A		YES	NO	WT
41 42						roperly stor ent and line		nnadu e	torod d	hind he	ndlad	8	8		1 F	57 58					with TN Non-Smoker Protection Act ducts offered for sale		8		0
43		0	Singl	e-use	a/singk	-service art					nalea	0	0	1	ŧĿ	59					oducts are sold, NSPA survey completed		ŏ	ŏ	<u> </u>
44	-				ed pro								0		1										
servic		tabli	shmen	t perm	nit. Iterr	identified a	as cons	stituting	imminen	t health i	hazards shall I	be com	ected	imme	diatel	y or	oper	ations	s shall	cease	Repeated violation of an identical risk factor i e. You are required to post the food service en tion a written required with the Commissioner	stablishment permit	in a c	onsp	cuous
manner and post the most recert 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. sertions 68-14-200, 68-14-706, 68-14-710, 68-14-715, 68-14-715, 68-14-715, 68-14-716, 4-3-320.																									
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Signa	Signature of Person In Charge Date Signature of Environmental Health Specialist Date																								
_																		-			ealth/article/eh-foodservice **** unty health department.				
PH-22	67 (	(Rev	6-15)				1	10010			ning ciasso II (										p for a class.			RD	A 629

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



#### Establishment Information

Establishment Name: Courtyard Goodlettsville Banquet Kitchen Establishment Number #: 605211988

Warewashing Info											
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)								
Hogh tem	Water		160								

Equipment Temperature							
Description	Temperature (Fahrenheit)						
True refrigerator with no TCS	31						
Other true refrigerator No tcs food	36						

Food Temperature	State of Food	Temperature (Fahrenheit

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



### Establishment Information

Establishment Name: Courtyard Goodlettsville Banquet Kitchen

Establishment Number : 605211988

### Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Have a health 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: Nobody in area. No cooking is done in banquet area
- 7: (NO) No food workers present during the inspection.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See food source
- 13: No raw animal products
- 15: (IN) No unsafe, returned or previously served food served.
- 16: No cooking is done in this location. It is done in main kitchen
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No cooling is done
- 19: (NO) TCS food is not being held hot during inspection.
- 20: No tcs food in area at this time. Coolers are working
- 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.

# Establishment Information

Establishment Name: Courtyard Goodlettsville Banquet Kitchen Establishment Number : 605211988

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Courtyard Goodlettsville Banquet Kitchen Establishment Number #: 605211988

Sources				
Source Type:	Food	Source:	Us food	
Source Type:	Water	Source:	City	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

## Additional Comments