## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT



Good Retail Practices are preventive measures to control the introduction of pathogens，chemicals，and physical objects into foods．

| COOD RETALL PRACTICE3 |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| OUTentrin complance COS |  |  | cod |  | 析 | pection $R$－repest（Viossion of fee same cove provision） |  |  |  |  |  |
| Compliance Status |  |  | Cos $\mathrm{R}^{\text {R }}$ WT |  |  | － |  | Compliance 3tatus | Cos｜ R ｜ |  | VT |
|  | OUT | Safo Food and Wator |  |  |  |  | OUT | Utensils and Equipment |  |  |  |
| 28 | 0 | Pasteunzed eggs used where required | 0 | 0 | 1 | 45 | 0 | Food and nonfood－contact surfaces cleanatle，properly designed． | 0 | 0 | 1 |
| 29 | 0 | Water andice from approved soutce | 0 | 0 | 2 |  |  | constructed，and used |  |  |  |
| 30 | 0 | Varance obtained for specialized processing methods | 0 | 0 | 1 | 46 | 0 | Warewashing facilites，instaled．maintained，used，test strips | 0 | 0 | 1 |
|  | OUT | Foed Tomperature Comtrol |  |  |  |  |  |  |  |  |  |
| 31 | 0 | Proper cooling methods used，adequate equipment for temperature | 0 | － | 2 | 47 | 0 | Norfood－contact surfaces clean | 0 | 0 | 1 |
| 31 |  |  |  |  |  |  | OUT | Physical Faclitios |  |  |  |
| 32 | 0 | Plant food properly cooked for hot hoiding | 0 | 0 | 1 | 48 | 0 | Hot and cold water available，adequate pressure | 0 | O | 2 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 | 49 | 0 | Plumbing instaled，proper backlow devices | 0 | 0 | 2 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 | 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
|  | OUT | Food Idontification |  |  |  | 51 | E | Tolet facilites．properly constructed，supplied，cleaned | 0 | 0 | 1 |
| 35 | E8 | Food properly labeled，original container，required records avalable | 0 | 0 | 1 | 52 | E | Gartageirefuse properly disposed，facilises maintained | 0 | 0 | 1 |
|  | OU1 | Prevention of Feed Contamination |  |  |  | 53 | ごく | Physical faciites instalied，maintained，and clean | 0 | 0 | 1 |
| 36 | 0 | Insects，rodents，and animals not present | 0 | 0 | 2 | 54 | 0 | Adequate ventilation and lighting．designated areas used | 0 | 0 | 1 |
| 37 | 88 | Contamination prevented during food preparation，storage \＆display | 0 | 0 | 1 |  | OUT | Administrative Itoms |  |  |  |
| 38 | 0 | Perscnal cleanliness | 0 | 0 | 1 | 55 | 0 | Current permit posted | 0 | 0 |  |
| 39 | 20 | Wiping clotis，properly used and stored | 0 | 0 | 1 | 56 | 0 | Most recent inspection posted | 0 | 0 |  |
| 40 | 0 | Washing fruts and vegetaties | 0 | 0 | 1 |  |  | Compliance Status | YES | NO | WT |
|  | OUT | Proper Use of Utensils |  |  |  |  |  | Nom－Smokers Protection Act |  |  |  |
| 41 | 2 | In－use utensis；properly stored | 0 | O | 1 | 57 |  | Compliance with TN Non－Smoker Protection Act | 5 | O |  |
| 42 | 0 | Utensils，equipment and linens，properily stored，dried，handled | 0 | 0 | 1 | 58 |  | Tobacco products offered for sale | 0 | 0 | 0 |
| 43 | 0 | Single－use／single－service articles，properly ssored，used | 0 | 0 | 1 | 59 |  | If tobacto products are solid．NSPA，surver completed | 0 | 0 |  |






Signature of Person In Charge

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

| Establishment Information |
| :--- |
| Establahment Name: Grand Pacific |
| Establahment Number $=\quad 605252524$ |


| NSPA Survey - To be completed if \#57 is "No" |  |
| :---: | :---: |
| Age-restricted venue does not aifrnatively reatrict access to its bulidings 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 athempting to gain entry to sutmit acceptabie form of identication. |  |
| "No 3moking' slgns or the intemational "Non-Smoking" symbol are not consplcuously posted at every entrance. |  |
| Garape type doors in non-tenciosed areas are not complettly open. |  |
| Tents or awnings with removabie sides or vents in non-tnciosed areas are not completely removed or open. |  |
| amoke from non-enciosed aress is infitrating into areas where amoking is prohibited. |  |
| Smoking observed where smoking is prohiblted by the Act. |  |


| Warewashinq Info |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Maohine Name | sanitizer Type | PPM | Temperature ( Fahrenhelt) |  |
|  |  |  |  |  |
|  |  |  |  |  |


| Equipment Temperature | Temperature ( Fahrenhent) |
| :--- | :--- |
| Desoription | 41 |
| Walk in cooler on right |  |


| Food Temperature |  |  |
| :--- | :--- | :--- |
| Decoriptlon | state of Food | Temperature ( Fahrenheit) |
| Smothered Chicken | Cold Holding | 40 |
| Breaded chicken | Cold Holding | 41 |
| Pork ribe | Cold Holding | 36 |
| Cantaloupe At cold hold holding bar | Cold Holding | 41 |
| Honey due At cold holding bar | Cold Holding | 40 |
| Tomatoes at salad bar | Cold Holding | 41 |
| Spring mix at salad bar | Cold Holding | 40 |
| Spinach at salad bar | Cold Holding | 39 |
|  |  |  |
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|  |  |  |
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|  |  |  |

35: Unlabeled containers of food in cooler and container of seasonings.
37: Chopped Carrots are stored in grocery bags. Please place food in a food grade container.
39: Wiping cloth sitting on top of prep cooler. Please place in sanitizer bucket. 39: Wiping cloth stored on cutting board at sushi bar. The other cloth was sitting on counter at sushi bar. Please place in sanitizing bucket 41: Ice scoop stored in ice with handle touching ice. A To go bowl is stored in sugar. Please remove bowl. Only a scoop with a handle can be placed inside food container, but handle can not touch food.
44: I observed employees Rinsing gloves instead of disposing gloves.
51: Women restroom has waste containers in every stall,but they do not have a lid. Waste containers must have a lid for sanitary napkins.
52: Dumpster lids are open.
53: Floor tiles are damaged in kitchen. Ceiling tiles are stained in kitchen. Free standing water in walk in cooler. Please mop.

## Establishment Information

Establishment Name: Grand Pacific
Establishment Number: 605252524

## Comments/Other Observations

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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.

[^0]Comments/Other Observations (cont'd)

Additional Comments (cont'd)

## Establishment Information

Establishment Name: Grand Pacific
Establishment Number \#. 605252524

## Sources

Source Type:
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## Additional Comments

Violation \#7 was corrected.
Violation \#14 was corrected
Violation \#20 was corrected. Violation \#21 was corrected. Violation \#22 was corrected. Violation \#23 was corrected.


[^0]:    ${ }^{* \cdots}$ See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

