

Purpose of Inspection

Risk Category

City

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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O Farmer's Market Food Unit New York Pizza Department - Lakesite Permanent O Mobile Establishment Name Type of Establishment 8627 Hixson Pike O Temporary O Seasonal Address Hixson Time in 01:00 PM AM/PM Time out 02:00: PM AM/PM 04/23/2024 Establishment # 605310481 Embargoed 0 Inspection Date

04

O Complaint

О3

Number of Seats 131

O Preliminary

O Consultation/Other

Follow-up Required

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

- 12	¥=in ¢	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		Ö
					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Supervision			
1	×	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	ЭX	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	100	0		0	Hands clean and properly washed	0	0	
7	0	Ж	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	100	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	M	0	0	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	黛	0	0		Food separated and protected	0	0	4
14	X	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	×	0			Proper disposition of unsafe food, returned food not re-	0	0	2

O Follow-up

**K**Routine

					Compliance Status	COS	R	WT
	IN	оит	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	黨	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	×	0	0	0	Proper cooling time and temperature	0	0	
19		0	0	0	Proper hot holding temperatures	0	0	
20	-	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	
22	0	0	×	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	0		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	<b>X</b>		Food additives: approved and properly used	0	0	5
26	<b>X</b>	0			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

级 Yes O No

### s, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=corr			
		Compliance Status	cos	R	W
	OUT				
28	0	Pasteurized eggs used where required	0	0	Ι,
29		Water and ice from approved source	0	0	$\Box$
30	0	Variance obtained for specialized processing methods	0	0	Ι.
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	:
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	•
	OUT	Prevention of Feed Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	885	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	Г
39	1992	Wiping cloths; properly used and stored	0	0	
40	0	Washing fruits and vegetables	0	0	-
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1
43	0	Single-use/single-service articles; properly stored, used	0	0	r
44	0	Gloves used properly	0	0	

pecti		R-repeat (violation of the same code provision)  Compliance Status	cos	R	W
	OUT	Utensils and Equipment	_		
45	0	Food and norifood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1
47	黨	Nonfood-contact surfaces clean	0	0	1
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	2
49	0	Plumbing installed; proper backflow devices	0	0	2
50	0	Sewage and waste water properly disposed	0	0	2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	1
54	羅	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items			
55	0	Current permit posted	ि	0	-
56	0	Most recent inspection posted	0	0	`
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	100	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

You have the right to request a h n (10) days of the date of the

04/23/2024

04/23/2024

Signature of Person In Charge

Date Signature of

Date

\*\*\*\* 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: New York Pizza Department - Lakesite Establishment Number ≠: |605310481

Smoking observed where smoking is prohibited by the Act.

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.	

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenhelt)					
Dish machine 3 sink	Chlorine Quat	100 300						

Equipment Temperature					
Description	Temperature ( Fahrer	nheit			

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Ham	Cold Holding	39
Pepperoni	Cold Holding	40
Pasta	Cold Holding	41
Marinara	Hot Holding	156
Raw chx	Cold Holding	32
Raw shrimp	Cold Holding	38
Marinara	Hot Holding	160
Meatball	Hot Holding	145
Sausage	Cold Holding	40
Cut toms	Cold Holding	3
Cut lettuce	Cold Holding	41
Pasta cooling 2 hours	Cooling	50

Observed Violations
Total # 5
Repeated # ()
7: Observed bare hand contact with a sandwich.
37: Lettuce stored un wrapped on cooler shelf. Food should be stored in a way to
prevent contamination.
39: Dirty wiping cloths in empty sanitizer buckets.
47: Multiple surfaces - lower shelves, gaskets, cooler bottoms, sides of
equipment dirty.
54: Employee drinks stored in bottoms of coolers and on top of equipment. Must be stored in a designated area to prevent contamination.

<sup>&</sup>quot;"See page at the end of this document for any violations that could not be displayed in this space.

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



## Establishment Information

Establishment Name: New York Pizza Department - Lakesite

Establishment Number: 605310481

## Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Policy posted on walkin
- 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 hand washing
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: Approved source
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: Shellstock tags on site with date they were sold
- 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: Not cooking at time of inspection
- 17: (NO) No TCS foods reheated during inspection.
- 18: Observed pasta cooling correctly
- 19: Adequate hot holding
- 20: Adequate cold holding
- 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.
- 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.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: New York Pizza Department - Lakesite	
Establishment Number: 605310481	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Infor	a afternoanie			
Establishment Name: No	ew York Pizza Departm	ent - Lakesite		
Establishment Number #;	605310481			
Sources				-
	Fand	0	Of a set of	
Source Type:	Food	Source:	Gfs, pfg	
Source Type:	Water	Source:	Public	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Comme	nts			

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