



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



|                                  |                        |
|----------------------------------|------------------------|
| <b>Establishment Information</b> |                        |
| Establishment Name:              | Conga Latin Restaurant |
| Establishment Number #:          | 605248630              |

|   |  |
|---|--|
| <b>NSPA Survey – To be completed if #57 is "No"</b>   |  |
| 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.  |  |

|                         |                       |            |                                  |
|-------------------------|-----------------------|------------|----------------------------------|
| <b>Warewashing Info</b> |                       |            |                                  |
| <b>Machine Name</b>     | <b>Sanitizer Type</b> | <b>PPM</b> | <b>Temperature ( Fahrenheit)</b> |
| Dishwasher              | Chlorine              | 0          |                                  |
| Triple sink             | Chlorine              | 100        |                                  |

|                              |                                  |
|------------------------------|----------------------------------|
| <b>Equipment Temperature</b> |                                  |
| <b>Description</b>           | <b>Temperature ( Fahrenheit)</b> |
|                              |                                  |

|                         |                      |                                  |
|-------------------------|----------------------|----------------------------------|
| <b>Food Temperature</b> |                      |                                  |
| <b>Description</b>      | <b>State of Food</b> | <b>Temperature ( Fahrenheit)</b> |
| Black beans             | Hot Holding          | 150                              |
| Grilled chicken         | Hot Holding          | 150                              |
| Asada                   | Hot Holding          | 150                              |
| Cheese dip              | Hot Holding          | 150                              |
| Shredded pork           | Hot Holding          | 150                              |
| Chorizo                 | Hot Holding          | 150                              |
| Raw steak               | Cold Holding         | 39                               |
| Rice                    | Cold Holding         | 39                               |
| Salmon                  | Cold Holding         | 39                               |
| Shredded chicken        | Cold Holding         | 39                               |

### Observed Violations

Total # 4

Repeated # 0

14: Dish machine not dispensing at 50 ppm. Need to sanitize using triple until dishwasher is repaired.

21: Inadequate date marking.

37: Box of chicken breast stored on floor in walk in freezer.

45: Rusted racks in storage area.

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**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.
- 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: Food obtained from approved source.
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12:
- 13: (IN) All raw animal food is separated and protected as required.
- 15: (IN) No unsafe, returned or previously served food served.
- 16:
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: See temps
- 20: See temps
- 22: (NA) No food held under time as a public health control.
- 23: Consumer advisory on menu
- 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.***

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

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**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***



### Establishment Information

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|                         |           |
|-------------------------|-----------|
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|-------------------------|-----------|

## Sources

|              |      |         |                               |
|--------------|------|---------|-------------------------------|
| Source Type: | Food | Source: | Restaurant supply, Sams club, |
|--------------|------|---------|-------------------------------|

|              |         |
|--------------|---------|
| Source Type: | Source: |
|--------------|---------|

|              |         |
|--------------|---------|
| Source Type: | Source: |
|--------------|---------|

|              |         |
|--------------|---------|
| Source Type: | Source: |
|--------------|---------|

Source Type: \_\_\_\_\_ Source: \_\_\_\_\_

### ***Additional Comments***