## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

		HANN H	A.C.													0.5	Market From		1 (	1	<b>(</b>	1
Establishment Name		me	Kona Ice of Wilson County Truck #1							Fermer's Market Food Unit     O Permanent 凝Mobile												
Addre	65				173 Village C	Cir										O Tempor	ary <b>O</b> Se	asonal	▏╺┻╸╰			
City					Lebanon		Time in	30	3:4	2 A	١M	A	/ / PI	м ті	me o	ut 08:50: A	M A	M / PM				
Inspe	ction	n Da	rte		03/08/202	2 Establishment # 6																
Purpo	se	of In	spec		Routine	O Follow-up	O Complaint				elimin		-		Cor	nsultation/Other						
Risk (	Cate	igon	y		3831	02	03			<b>O</b> 4				Fo	ollow-	up Required	O Yes	氨 No	Number of \$	Seats	0	
		R	isk			aration practices an rs in foodborne illne													trol and Preven			
		(Me	irk de				ILLNESS RI	SK F/	ACT	ors	AND	PU	BLIC	HEA	ЦТН	INTERVENTIO	NS			ngary.	)	
IN-i	n ca	mpīi	ance		OUT-not in compliance	e NA=not applicable	NO=not observe	d COS	E		)\$=cor	recte	d on-s	ite dur	ing ins	spection	R=repeat (		he same code provis		R	WT
	N	оит	NA	NO	comp	Supervision		000	-		h	IN	OUT	NA	NO				/Temperature	000	~	
1 8	ĸ	0		-	Person in charge pro	esent, demonstrates knov	vledge, and	0	0	5	16	0	0	0		Contr Proper cooking ti		ety (TCS)	Foods	0	о	
			NA	NO		Employee Health	reporting	0				ŏ	ŏ	ŏ		Proper reheating	procedures	s for hot hol		00	ŏ	5
23		ŏ			Proper use of restric	od employee awareness; tion and exclusion	reporting	ō	ŏ	5		IN	ουτ	NA	NO	-		ete Markin alth Cont	rol			
	NC		NA	NO		d Hygionic Practicos						0	0			Proper cooling tir		P		0	0	_
4 (	러	8				g. drinking, or tobacco us yes, nose, and mouth	e	00	8	5	19 20	0	0	8	0	Proper hot holdin Proper cold holdi				8	0	
	NC		NA	NO	Preventin Hands clean and pro	g Contamination by H	ands	0				0	0	0		Proper date mari	ing and dis	position		0	0	÷
-	_	ŏ	0	8	No bare hand conta	ct with ready-to-eat foods	or approved	0	ŏ	5	22	-	0	0		Time as a public				0	0	
8 8	K	0				properly supplied and acc	essible		0	2	23	ĭ N	OUT	NA X	NO	Consumer advise		d for raw an		0	0	
9 8		0	NA	NO	Food obtained from	Approved Source approved source		0	0	-		IN	OUT		NO	food	Suscept	ible Popul	ations	Ŭ	-	•
10 (	5	0	0	2	Food received at pro	oper temperature		0	0	5	24	2	0	0		Pasteurized food				0	0	5
11 ¥	_	0 0	x	0	Required records av	on, safe, and unadulterat ailable: shell stock tags, p		0	0 0	Ĭ	Н	IN	OUT	NA	NO		Cher	nicals				
	N			NO	destruction Protect	ion from Contaminati	on	-		_	25	0	0	25		Food additives: a			used	0	ा	
13 8	3	0			Food separated and				0		26	<u>≋</u> ∎	0		·	Toxic substances				0	0	•
14 8 15 9	8	0 0	0	1		es: cleaned and sanitized f unsafe food, returned fo		0	0	5 2	27	N O	OUT	NA VEZ	NO	Compliance with			procedures process, and	0	0	5
15 🖇	4	•			served			U	•	-	21	•	0	~		HACCP plan				<u> </u>	~	0
				Goo	d Retail Practice	s are preventive me	asures to co	ntrol	the	intr	oduc	tion	of p	atho	gens	s, chemicals, a	nd physic	cal objec	ts into foods.			
				0	T=not in compliance		COS=corre	G00					ICE	5		8			me code provision)			
	_		_		Compl	iance Status	000-0010	COS			Ē					Comp	liance St	atus	ine oode promaron)	COS	R	WT
28					ed eggs used where r			0	0	1	4		υτ D <sup>F</sup>	ood a	nd no	infood-contact sur	and Equi		rly designed,	0	0	1
29					ice from approved s obtained for specializ	ource ed processing methods		00	0	2		-	0	011-0-0-0		and used					+	
	_	DUT			Food Tem	perature Control					40	-	_			g facilities, installe		ned, used, t	est strips	0	0	1
31		0	cont		oling methods used;	adequate equipment for to	emperature	0	0	2	43	_	∧ C UT	onioo	a-cor	ntact surfaces clea Phys	ical Facili	ties		0	0	1
32	_				properly cooked for thawing methods use			8	8	1	41					water available; a stalled; proper bac				8	8	2
34	_	_			eters provided and a			ŏ	ŏ	1	50	_	_			waste water prop				ŏ	ŏ	2
	-	DUT				dentification					51	_	_			es: properly constr				0	0	1
35	_	O	Food	d prop		container; required record	ts available	0	0	1	53		-		·	use properly dispo	-		ed	0	0	1
36	Ŧ		Inse	cts.rc	dents, and animals r	Food Contamination		0	0	2	5	-	-			ilities installed, ma entilation and lighti			ised	0	0	1
37	+	-				g food preparation, storag	n R dicolau	0	0	1	F	-	UT				istrative i			-		
38	_	_			cleanliness	g rood preparation, arong	le a aispier	0	0	-	54		-	Sumeri	t nern	nit posted	isciacite i			0	0	
39	1	Ó	Wipi	ng cic	ths; properly used an	id stored		0	0	1	54	_				inspection posted		-		0	0	0
40	_	OUT	_	hing f	ruits and vegetables Proper	Use of Utensils		0	0	1	H		-	_			iance Sta imokers P	rotection	Act	YES	NO	WT
41 42	_		_		nsils; properly stored		hallad	00	8	1	5					with TN Non-Smo ducts offered for s		tion Act		8	읭	0
43		0	Sing	le-use	single-service article	es; properly stored, used	andieu	0	0	1	55	5				oducts are sold, N		y complete	d	ŏ	ŏ	Ů
44	-				ed properly	and the second second	and the second		0	_			1.0.0			Barris		والمراجع والمراجع				
service	e est	tablis	shmer	nt perm	nit. Items identified as (	ns within ten (10) days may constituting imminent health	hazards shall be	e corre	cted is	mmed	iately o	or ope	ration	ns shal	l ceas	e. You are required	to post the	food service	establishment permi	it in a c	onsp	icuous
report	T.C	C.A.	sectio	ns 68-	14-703, 68-14-706, 68-14	t in a conspicuous manner. -708, 68-14-709, 68-14-711, 6	8-14-715, 68-14-7	16, 4-5-	320.	e a mei	ang n	ogard		is repo	a by I		nat which the C	-onenasione	a william cam (10) day	, or the	Gate	or this
Tenton 03/08/2022 Paier Lan 03/08									8/2	2022												
Signature of Person In Charge Date Signature of Environmental Health Specialist Date																						
						Additional food safety in	formation can	be fo	und	on ou	r web	site,	http	c//tn.g	jov/h	ealth/article/eh-	foodservi	ce ****				
PH-22	67 (8	Rev.	6-15	)		Free food safety tra Please c										inty health dep p for a class.	artment.				R	XA 629

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



### Establishment Information

Establishment Name: Kona Ice of Wilson County Truck #1 Establishment Number #: 605301781

# 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. Smoking observed where smoking is prohibited by the Act.

# Warewashing Info Maohine Name Sanitizer Type PPM Temperature ( Fahrenheit)

Equipment l'emperature	
Description	Temperature (Fahrenheit)

Decoription	State of Food	Temperature ( Fahrenheit

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### Establishment Information

Establishment Name: Kona Ice of Wilson County Truck #1

Establishment Number : 605301781

### 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: (N.O.) No food workers present.
- 5: (N.O.) No food workers present at the time of inspection.
- 6: (NO) No workers present during inspection.

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 sources

10: (NO): No food received during inspection.

11: (IN) All food was in good, sound condition at time of inspection.

- 12: (NÁ) Shell stock not used and parasite destruction not required at this establishment.
- 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: (NO) No raw animal foods cooked during inspection. (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NA) Establishment does not hot hold TCS foods.

20: Ice and syrup on the truck

- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.

24:

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:
- 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: Kona Ice of Wilson County Truck #1 Establishment Number : 605301781

Comments/Other Observations (cont'd)

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

### Establishment Information

Establishment Name: Kona Ice of Wilson County Truck #1 Establishment Number # 605301781

Sources			
Source Type:	Water	Source:	City
Source Type:	Food	Source:	Kona Home City Ice
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

## Additional Comments